Clinical Lecture
ON
PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

Delivered at the National Hospital for the Paralysed and Epileptic, to Students of University College,

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GENTLEMEN,—A few months ago I showed to some of you two children who were suffering from the remarkable disease commonly known as "pseudo-hypertrophic muscular paralysis." Having the opportunity of showing you to-day two other cases of the same disease, I propose to direct your attention to its chief features and clinical history, as exemplified by these four cases and by seventeen others which have come, directly or indirectly, under my notice.

The disease is one of the most interesting, and at the same time most sad, of all those with which we have to deal: interesting on account of its peculiar features and mysterious nature; sad on account of our powerlessness to influence its course, except in a very slight degree, and on account of the conditions in which it occurs. It is a disease of early life and of early growth. Manifesting itself commonly at the transition from infancy to childhood, it develops with the child's development, grows with his growth,—so that every increase in stature means an increase in weakness, and each year takes him a step further on the road to a helpless infirmity, and in most cases to an early and inevitable death.

These facts do not render its study a matter of the less importance. Because we can do little by our treatment, it is not the less necessary to be able to recognise the disease when it occurs, and to know the little, and to know how little, we can do. Moreover, regarding every disease now incurable we may entertain the hope—faint it may be with respect to some, stronger in the case of others—that our powerlessness many not be permanent, and that we, or those who come after us, may be able to speak of it in very different terms.

Many of you are probably aware that the dircovery of the disease is of comparatively recent date. A remarkable series of cases were published by Dr. Meryon in 1852, and, although a few examples had been described before, as by two Italian observers in 1838,[1] and by the late Mr. Partridge in 1847,[2] Dr. Meryon was the first to call attention to it as a distinct malady, presenting similar features in many cases. He only alluded, however, incidentally to the feature, enlargement of the muscles, which was seized upon as its most salient characteristic by the distinguished French physician, Duchenne, in a description of a series of cases, published in 1861. The enlargement of muscles is, however, in degree and seat, a variable feature of the disease, and this may account for the fact that it received little notice from Dr. Meryon. Duchenne, indeed, at first denied that Meryon's cases were of the same nature as his own, but all other writers on the disease have recognised their identity, and it seems to me undoubted. Up to the present time about 140 unequivocal cases have been described or mentioned by various observers. In this country cases have been described especially by Mr. Wm. Adams, Dr. Langdon Down, Dr. Ord, Mr. Kesteven, Drs. Russell and Balthazar Foster (of Birmingham), Dr. Barlow (of Manchester), and Dr. Davidson (of Liverpool).

The name "pseudo-hypertrophic muscular paralysis" has been proposed by Duchenne, and, on account of its rough aptness, it has received general acceptance, although a more exact pathological term was suggested by him in "myo-sclerotic paralysis," and has been sought by others in "progressive muscular sclerosis" (Jaccoud) and "atrophia musculorum lipomatosa" (Seidel), as well as in other names with which I need not trouble you, since their use has remained, and is likely to remain, limited to their authors. Probably the best pathological designation is the last, which may be rendered in English as "lipomatous myo-atrophy."

In the lad before you (David W——) who is nine years of age, the first thing which should attract your attention is his peculiar attitude and gait. He stands, as you see, with his shoulders and head thrown back and legs apart, as if balancing himself, although without unsteadiness. This backward carriage of the shoulders is apparently due to the remarkable curvature of the spine in the lumbar region, with the concavity backwards—"lordosis," as it has been termed. This curve disappears when he sits down; then, indeed, there is a slight curve in the opposite direction, convexity backwards. The upper limbs are thin, but he can move them freely in all directions. His thighs are thin, in front especially. His calves are large, although scarcely larger than would be natural for a well-developed boy of the same age; they are, however, remarkably firm, and the muscles in front of the leg are also large and firm. On looking closely, you may see that he has a little difficulty in bringing his heels down upon the ground, and that the Achilles tendons are very tense. Next observe his gait as he walks across the room. The balancing character of his attitude when standing is increased when he walks. He moves his body from side to side and swings his arms at each step. When he runs, this character is still more marked. And now we will put him on the ground. You see that he is quite unable to rise without assistance. If a little aid be afforded him he helps himself in a very peculiar way—by putting his hands upon his knees, and then grasping his thighs higher and higher, and so by (as has been said) climbing up his thighs he apparently pushes his trunk up. I wish to call your special attention to this peculiar action, because it is probably pathognomonic of the disease. Attention was called to it by Duchenne, and I have never seen it absent in a case so long as the patient possessed the necessary muscular power. I have never seen it in any other disease, and every doubtful case in which it was present ultimately proved to be an example of the affection. Its diagnostic importance is thus very great.

If we examine the power of the legs, as the boy lies, we find that all the muscles, even the calf muscles, which are so firm, are weak. The extensors of the knee and of the hip are especially weak, the former being, as I have said, noticeably wasted. The muscles of the back are also wasted, the serrati act imperfectly when the arms are put forward, and the latissimi dorsi and lower parts of the pectorals are almost gone. Other characteristics are chiefly negative. The lad's intellect is clear and sharp. We shall search in vain for any affection of sensibility, general or special. His sphincters are unaffected; there is no tenderness of the spine and no trace of general rigidity of limbs. If we passively flex the foot we find, however, the movement opposed when the ankle-joint is brought to a right angle by the tightness of the tendo Achillis, which prevents the heel coming well on to the ground when he stands. We cannot obtain by this movement the clonic spasm which, as I have often shown you, is to be obtained in many forms of weakness of the lower limbs. One negative point is, however, worthy of note. If we set the lad on a chair and tap the patellar tendon, we find there is no trace of the jerk of the leg, which, as you know, usually occurs in healthy subjects. The boy's history is this. As a baby he was regarded as healthy, but was remarkably stout, so that his mother did not like to put him on his legs early, and he did not walk till he was eighteen months old. Soon after he began to walk a peculiarity in his gait was noticed, and this increased until, a few years ago, the difficulty in rising from the ground was observed, which has since increased to inability.

A brother of this lad is affected in the same way. I show you a series of photographs of him taken at different ages. In the first we see him as a child of five or six, with legs scarcely larger than other children's. In the second, at eight or nine, the calves are distinctly large, and, as another photograph shows, he placed his hands on his knees for help in rising from the ground. He has now become weaker, is

[1] Coste and Gioja, Ann. Clin. dell' Ospedali degl' Incur. de Napoli, 1838. Schmidt's Jahrb. (1839), p. 176.

[2] Partridge, Lond. Med. Gaz. 1847, p. 244; report of Path. Soc., not published in the Pathological Transactions. Some writers have referred to a case as recorded by Mr. Stanley in the Med. Gaz. for Feb. 1840. The case referred to is, however, one of locomotor ataxy.

unable to stand, with contracted ankles and wasted limbs. There is no other instance of the disease in the family.

Before showing you the second patient I should like to recall to your recollection the two cases I showed you a few months ago. They were, as you may remember, two brothers, named S——, aged respectively four and seven years. I show you now their photographs. That of the youngest, Harvey S—— (Fig. 1), would not suggest to you

FIG. 1.

FIG. 2.

the idea of disease. There is no obvious muscular wasting or enlargement, and yet, as you may remember, his movements were greatly impaired. He could only just succeed in rising from the floor, getting first his toes upon the ground, then placing first one hand upon his knee, then the other, and so working himself up. The other boy, William S——, aged seven (Fig. 2), presents, as his photograph indicates, very distinct enlargement of the calves. His thighs are small, the back thin, hollow in the lumbar region, the angles of the scapulæ prominent, the muscles of the upper limbs thin, except the deltoids, which are rather large. The pectoral muscles are normal, but the clavicular part of the sterno-mastoid is scarcely to be detected. You will remember his shuffling gait, and that, although he had less difficulty in rising from the ground than his younger brother, and could do so without putting his hands on his knees, yet his tendency was to do this, unless prevented. I would draw your attention to this fact, that in a slight but undoubted case of the disease the patient exhibited merely a tendency to this action, being able to rise without it if he tried. The eldest brother, Arthur S——, aged twelve, presented a few years back the same difficulty in rising and the same enlargement of the calves. He is now unable to stand, his calves are still large, but they are contracted so that the heels are drawn up and the feet are in a line with the legs. The muscles of his arms and back are very thin, and possess but little power.

Besides these three brothers, a fourth, aged three years, presents a difficulty in movement, which reminds his mother only too forcibly of the early symptoms presented by his brothers who are affected. Besides these children there are two other brothers—one aged ten, quite healthy, and one aged four, who is also believed to be perfectly healthy, although he is a twin-brother of Harvey, whose symptoms are, for his age, so marked. This does not, however, exhaust the remarkable history of the family. The father and mother are healthy. The mother had four sisters and one brother. The latter had large calves, which ultimately wasted, and he died at the age of fifteen. One of the sisters suffered from similar symptoms, and also died at the age of fifteen. The other three sisters were healthy; they married, and their children have presented no evidence of the disease. Thus we have evidence of six cases in the family.

The other patient whom I have to show you is a lad, fifteen years of age, who, as you see, has almost reached man's stature, being about 5 ft. 3 in.—in length rather than in height, for he can no longer stand, and presents a painful extremity of helplessness. Except "weak knees," no symptoms were noticed till he was seven years of age, when difficulty in getting up attracted attention, and this has since steadily increased. Two years ago he was able to stand. His arms were thin and weak, and there was marked atrophy of the muscles of the back. The calves were unduly large: right 11½ in., left 11 in. in circumference. He lost the power of standing at Christmas last. Now the extreme wasting and weakness of the back at once arrest attention. As he sits his lumbar spine is extremely curved, but in the opposite direction to that observed in the other patients when standing, the convexity being backwards. There is a slight rotation of the spine, and the wasting of the extensors is so great that you can feel the anterior surfaces of the transverse processes and even the bodies of the vertebræ on the left side. This curve is solely dependent on the muscular weakness, and disappears if the boy is raised by the arms. His latissimi, rhomboids, trapezii, and serrati are almost gone, and the consequent mobility of the scapulæ is extreme. The lower parts of the greater pectorals are gone, and even the upper parts are thin. The deltoids are of moderate size, but their power is greatly impaired. The arm muscles, however, are, although thin, not extremely wasted. Those of the upper arm are weak, but those of the hand and forearm possess fair power. The right thigh is thin, but in the left the vasti are distinctly enlarged in their lower parts. The knees can be flexed or extended, but with little force. The muscles moving the hip-joint are extremely weak. The calves are not now large or hard; they possess moderate power, and are not much contracted; the ankle-joint can be flexed to a right ankle. On the left side of the neck and trunk there are some peculiar spots of warty growth. They are not, however, increasing, and probably cannot be associated with the disease.

(To be continued.)

Clinical Remarks

ON THE

PAINLESS AND BLOODLESS METHOD OF EXCISING THE WHOLE TONGUE.

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MY remarks are suggested from reading a most interesting lecture reported in THE LANCET of April 18th last, headed "Clinical Remarks on a Painless Method of Excising the Whole Tongue," by Mr. Richard Barwell, F.R.C.S., of Charing-cross Hospital, in which he follows to a degree Nunneley's method, but ingeniously deviates into a path of his own, and by which he argues that he performs a painless method of excising the whole tongue.

After one or two observations which Mr. Barwell's paper suggests, I will describe the operation for the same object as performed by our senior surgeon (Dr. Marsden) in 1875, with such success that with one or two modifications it is the plan still adopted by him, myself, and my colleagues.

I quite agree with Mr. Barwell, and recognise the full force of what Mr. Fairlie Clarke pointed out some years ago, that if epithelioma of the tongue, ulcerated or not, exist on one side only, yet a condition called ichthyosis almost always—that is, if the tumour is of any size—extends across and to some distance into the opposite side; that this morbid state is the immediate precursor, indeed, the first stage, of epithelioma; hence the reason that to take away a part of the tongue and leave behind an ichthyotic portion, would be a grave mistake. I am sure it will be conceded that removal of the tongue, wholly or in part, for cancer, is a justifiable and a wise surgical proceeding, and that the sooner the operation is performed after the diagnosis of the

disease has been made, the greater are the prospects of a long immunity from the disease, or even of a complete cure; for there are few if any local cancers that are the cause of more local distress if left alone, and there are few operations for cancer that give greater comfort than those on the tongue; therefore it behoves us to seek for the least painful, most manageable, and most effective plan, as also the least bloodless.

I must take exception to Mr. Barwell's remark, however, when he comes to call his operation "a painless method." The lingual-gustatory nerves get divided when his patient is under the influence of the anæsthetic, and therefore insensible to pain, and get divided in the same place by whatever method is employed when the whole tongue has to be removed. But Mr. Barwell throws out a suggestion that when a less portion of the tongue has to be removed the lingual-gustatory nerve of one or both sides might with advantage be divided on the ramus of the jaw.

The division of the sensory nerves of the tongue was first proposed by Hilton, who practised section of the gustatory branch of the fifth nerve with a view of relieving the pain of a cancerous ulcer, and enabling the surgeon to apply ligatures for the removal of the cancer to a part that has been deprived of all sensibility. Moore also adopted it, and it undoubtedly accomplishes the object for which Hilton originally proposed and practised it, more especially so far as the relief of pain and diminution of salivation are concerned, and it deserves to be considered one of the most efficient modes of relief to the suffering produced by cancer of the tongue in all cases in which an operation for the removal of the disease is not desirable or practicable. Moore's method is to be preferred to that of Hilton (for the former divided the nerve further back), and becomes more applicable when cancerous disease lays hold of the floor of the mouth. The good effect of the operation is instantaneous. I have found that pain ceases in the tongue, ear, face, and head, and that the flow of saliva is greatly diminished; the relief, besides, is continuous, the nerve appearing not to reunite.

To Chassaignac, however, are we indebted for inventing and successfully using the wire écraseur, and by its means first removing the tongue from the interior of the mouth without any external incision; this was a great advance in surgery.

Cloquet, Arnold, and others strangled the tongue by making an incision in the hyoid region, carrying the ligatures by means of long needles through the base of the tongue, and then drawing them tight through the aperture in the neck so as to constrict the diseased mass, and cause the organ to slough away.

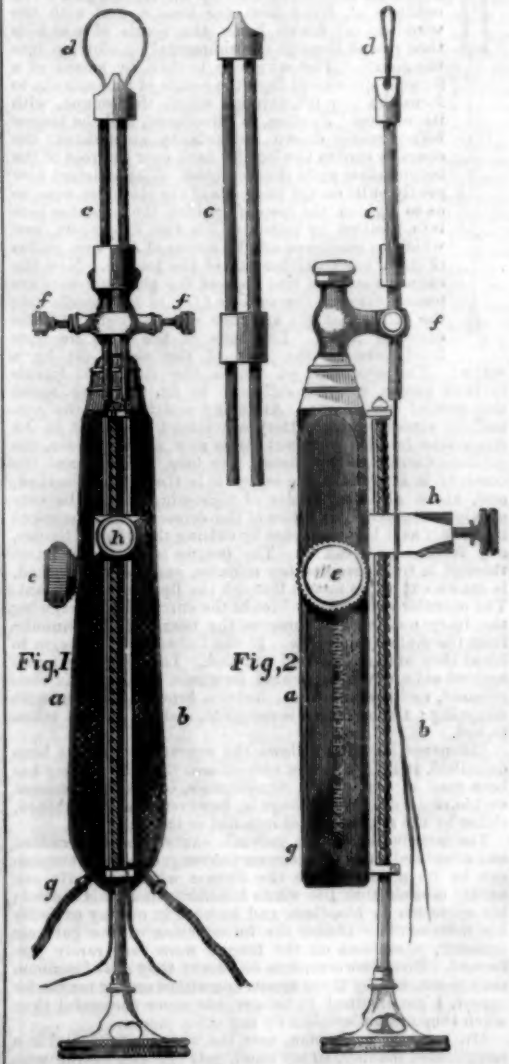
Regnoli, of Pisa, published in 1838 a description of a method by which the whole tongue could be successfully removed. He made an aperture into the floor of the mouth in the mylo-hyoid space; the tip of the tongue being seized, the organ was drawn to its full extent down on the anterior part of the neck, when the whole tongue was shaved off from the base of the epiglottis and hyoid bone by means of the écraseur.

Nunneley, of Leeds, devised an ingenious mode of applying the écraseur, so as to remove large portions of the tongue as far back as the hyoid bone. I will give a short description of his operation:—It consists in passing the chain of the écraseur through the centre of the mylo-hyoid space by a needle into the mouth close to the frænum; two or three curved and strong hare-lip pins are now passed deeply into the tongue, obliquely behind the seat of the disease, their points being made to project forwards below the organ, so as to prevent the chain from slipping; the loop is now gradually tightened, and the tongue cut off obliquely from behind forwards.

I must not go too far into the literature of this subject, for if I do I may get into trouble, and fail to give credit where credit is due. I beg to refer to Mr. Thomas Bryant's interesting lecture given by him at Guy's Hospital, and reported in THE LANCET of February 28th, 1874, under the head of "Bloodless Operations, as illustrated by the use of the Galvanic Cautery." In giving a description of the instruments, and in showing a woodcut of some, I shall have to apologise to Mr. Bryant for following him to a great extent, my only excuse being that the subject is well worthy of repetition. Mr. Bryant there states that to Dr. Middeldorpf, of Breslau, are we really indebted for the introduction of the splendid battery and set of instruments which have rendered the galvanic cautery an agent of practical use; for in 1854 he published a monograph on the subject, and in 1868 Dr. Middeldorpf sent over to Dr. Hermann Beigel a battery and a set of instruments, and through Dr. Beigel's courtesy Mr. Bryant had an opportunity of using them. Since 1875 we at the Cancer Hospital have used the galvanic écraseur.

I will now explain the instruments, and pass through the different steps of the operation for removal of the whole tongue. To commence, then, with the necessary appliances. The battery in use is one of Grove's with five cells. Messrs. Krohne and Sesemann recommend Bunsen's (carbon and zinc) of four cells. The battery must be in good working order, or the required heat will not be maintained. I may here say that if the instruments are imperfect some break in the galvanic current is sure to take place. Before operating, the surgeon should therefore test the battery and instruments that are to be employed, and in this way save trouble and prevent disappointment or possibly failure.

Fig. 1 gives the front view of the galvanic écraseur, and Fig. 2 its side view.



The instrument consists of four separate and separable parts. *a*, The handle; *b*, a screw on which travels a clamp (A); *c*, cannulæ through which the wire passes; *d*, platinum wire loop; *e*, ivory "interrupter" to connect o

break the galvanic current by slight pressure of the thumb; *ff*, sockets into which the cannulæ can be fixed by screws; *g*, receptacle for connecting wires from battery; on the long screw (*b*) rides the clamp (*h*), between the jaws of which the ends of the platinum wires can be fixed by a screw. A gag, artery forceps, ligatures, a strong whipcord ligature, scalpel, and a couple of Sims' wire guides (Fig. 3) complete the apparatus.

FIG. 3.

The patient being placed on the table, and brought under the influence of the anæsthetic, a vertical submental incision (after Nunneley) is made in the centre of the mylo-hyoid space, and the opening freed into the floor of the mouth in front of the frænum of the tongue. Slight bleeding takes place. The passage is enlarged by means of the two forefingers working against one another sufficiently to allow the nozzle of the cannulæ (*c*) to pass through. The gag is then placed between the jaws, and the mouth kept open; the whipcord ligature is passed through the raphe about an inch from the tip of the tongue. The cannulæ (*c*), freed from the handle, and with the wire-loop (*d*) drawn home, the nozzle of which is then passed through the submental incision up into the mouth. The wire-loop is then, by means of a forceps, drawn out from the nozzle of the cannulæ to form the loop (*d*), through which the tongue, with its whipcord ligature, is introduced, and the tongue being gently drawn forwards by an assistant the operator carries the loop (*d*) back over the root of the tongue close up to the epiglottis. The assistant now gently pulls on the free ends of the platinum-wire, so as to tighten the loop (*d*), which the operator gets into position by means of his two forefingers, and which he retains *in situ* by means of the wire-guides (Fig. 3), one on either side of the tongue. Now the cannulæ and the free ends of the platinum-wire are passed through the sockets (*ff*) of the handle (*a*); the screws (at *ff*) are then screwed tight, and the cannulæ fixed. The ends of the wire are then fixed between the jaws of the clamp (*h*) by a screw. The screw (*b*) on which the clamp (*h*) travels is then gently worked sufficient to fix the loop round the root of the tongue. All being satisfactory, the connecting-wires from the battery are placed and fixed in the receptacles (*g*), the ivory-nut (*e*) is now screwed home, the galvanic current is completed, the loop reddens, and the écraseur is at work. The screw (*b*) is then gently worked, and, above all, the process of tightening should be very slowly performed. The wire of the écraseur being screwed home only as it becomes loose by cutting through the tissues, any force may break it. The tongue is gradually burnt through in from seven to ten minutes, and, being detached, is drawn out of the mouth through the lips by the assistant. The operator immediately breaks the current by unscrewing the ivory nut (*e*), and removes the nozzle of the cannulæ from the mylo-hyoid space. If the lingual arteries begin to bleed they are easily seized and tied. The tongue is found severed obliquely from behind forwards. The gag is then released, and the submental incision brought together with strapping; the operation is complete, and the patient taken to bed.

Whenever bleeding follows the operation that has been described, it is from one of two causes: the wire cautery has been used at too great a temperature, or has been screwed up too rapidly. Hæmorrhage is, however, easily restrained, either by the application of iron-lint or ice.

The introduction of the galvanic cautery has so benefited and simplified the operations on the tongue that the surgeon can by its means isolate the disease with ease. He can satisfy himself that the whole tumour is under his control; his operation is bloodless, and he need in no way expedite his movements. Before the introduction of the galvanic écraseur, operations on the tongue were very rarely performed. Now, however, it is different; they are of common occurrence, and by these means operations on the tongue for cancer, I am inclined to believe, are more successful than when they are undertaken by any other means.

Mr. Barwell, in his plan, uses the wire écraseur, and in a complicated manner, to my mind, gets one end of the wire passed into the mouth through a submental incision in the mylo-hyoid space by means of a previously-passed piece of cord, and, encircling the tongue, gets it withdrawn through the hyoid space at the opposite side of the tongue by means of a previously-passed cord loop, endeavouring to include the lingual-gustatory nerves in the wire. All being secured, it crushes through the tissues of the tongue, severing the sensory nerves "close to the bone." No doubt the wire écraseur, applied as Nunneley of Leeds performed his operation, comes next to the galvanic cautery, but the galvanic cautery has this great advantage over all others—that it gently burns through the tissues, without any dragging or tearing of the neighbouring structures.

ANTISEPTIC TRANSFUSION OF HUMAN BLOOD IN A PATIENT THE SUBJECT OF SECONDARY HÆMORRHAGE; CURE.

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THE following case of transfusion of human blood is worthy of record, on account of the antiseptic precautions which were adopted and the complete success of the operation.

The patient was a man, twenty-three years of age, on whom lithotomy was performed for the removal of a large spiked oxalate-of-lime calculus. There was little bleeding as an immediate sequent of the operation, and it was completely arrested before he left the table. Half an hour after having been put to bed, the house-surgeon found him to be very comfortable and in a good general state; there was then only slight staining on the sheet under the pelvis. Two hours and a half after he was found to be in a state of complete depletion, from a profuse secondary hæmorrhage which had ensued. The wound was at once plugged. Notwithstanding every attempt to resuscitate him by stimulating drinks, enemata, &c., it was evident, at the end of three-quarters of an hour, that ground was being fast lost, and it was clear to all present that, if his life was to be saved, something more radical was necessary. Transfusion of blood was proposed. A patient who suffered from injury to the right great toe, and who otherwise was strong and healthy, after being apprised of the slight risk he ran in giving a portion of his blood, freely offered it to his fellow.

The lithotomy patient was then in the following state. He was semi-insensible, could not speak, pulse at the wrist imperceptible, surface of the body blanched and bedewed with a cold perspiration, the lips cream-coloured, and the conjunctival vessels no longer visible. Occasionally he gave a restless feeble toss, accompanied by a deep inspiration.

An attempt to find one of the large veins on the right arm being unsuccessful, the median cephalic of the left was chosen, and half an inch of its length exposed. An assistant was desired to place the finger of one hand to the distal side of the exposed vein, and to maintain pressure on that part throughout the operation, so as to prevent loss of blood; and with a finger of the other hand, placed on the proximal side about half an inch above the part selected for opening the vessel, he was to occlude the vein when required. The arm was held well up, so as to empty it of any blood which it might contain. It was also maintained considerably above the level of the patient's body, for three reasons: first, to facilitate the flow of the transfused blood into the trunk; secondly, to prevent the entrance of air into the body, as the syringe would, with the arm in this position, be necessarily held perpendicularly, with the nozzle downwards, and all contained air would remain at the top of the instrument; and, thirdly, to enable any air to escape which might be in the space intervening between the opening in the vein, and the occluding finger of the assistant on the proximal side. The vein was then opened. Then phlebotomy was performed on the healthy man, the blood being received into a small warm carbolised vessel, from which it was at once drawn into a warm carbolised three-ounce syringe, having a narrow nozzle. When full it was inverted and the piston pressed, so as to expel any air, and the nozzle was then introduced into the vein. A quantity of blood was first injected into the space in the vein, between the occluding finger on the proximal side and the opening in the vein itself. When this was done the

pressure on the proximal side was removed, and the contents of the syringe were slowly injected, until only a couple of drachms remained. The pressure of the assistant's finger was again applied, and the syringe removed. It was then washed in 1 to 80 carbolised watery solution, recharged, and the blood introduced as before. The tin into which the blood flowed was kept free from clot, and several times a fresh cup was substituted. The arm from which the blood was drawn, as well as that into which it was injected, were kept constantly under the spray, and the blood itself, from the time it left the one arm until it was injected into the other, was either exposed to the carbolised spray or in contact with carbolised instruments; so that the whole transfusion was thoroughly antiseptic.

With the exception of the transfusion being performed antiseptically, the other details of the operation were nearly the same as those adopted by Mr. Lister in a case in which he performed transfusion, while I acted as one of the house-surgeons in the Royal Infirmary. That case was reported by me in the *Glasgow Medical Journal* for Nov. 1869.

Just before the transfusion was begun several of the house-surgeons hinted that the patient had "slipped away." His heart, however, was heard to respond, and the blood was injected. Shortly after the transfusion the gentleman who had his finger over the radial said that, from being imperceptible, it had returned gradually, and had increased until it was distinctly felt. Half an hour after the face had assumed a slight redness, and heat began to be restored to the surface of the body. There were no rigors after the transfusion. Without entering into further detail, it may be said that he slowly but perfectly recovered, and is now a strong, healthy man. He was shown at the Pathological and Clinical Society nine months after the operation, and is still quite well and at work.

Glasgow.

REMARKS ON

TWO CASES OF HEBRA'S PRURIGO,

LATELY TREATED AT THE MIDDLESEX HOSPITAL.

By ROBERT LIVEING, M.D.,

LECTURER ON DISEASES OF THE SKIN AT THE HOSPITAL.

THE prurigo of Hebra, as it is called, has hardly received the attention and recognition that it merits from English observers. Some modern writers are contented to follow Hebra's description without expressing any views or experience of their own on the subject, while others even deny altogether the existence of the malady in this country. There can be little doubt that by many the disease is not recognised from Hebra's description, and indeed this is scarcely to be wondered at. On referring to his account of the disease, we find "in every case the earliest appearance is that of subepidermic papules, as big as hemp-seeds, discovered rather by touch than by sight, since they rise but little above the level of the skin, and do not differ from it at all in colour; they are always isolated, and though they appear in all sorts of places, constantly leave some regions unaffected." Elsewhere he says that these papules are really deep-seated vesicles "formed by a collection of fluid in the deeper layers of the epidermis." Now, English observers have naturally laid considerable stress on this part of Hebra's description; they have constantly looked for, but have generally failed to find these large, papule-like vesicles *of the same colour as the surrounding skin*, and hence they have often come to the conclusion that the disease does not exist in this country.

There are several reasons why we often fail to find what I may call the original eruption of prurigo. (1) The papules he describes (they have not at all the appearance of vesicles) exist as such only for a very short time; they are quickly injured by the scratching of the patient; this fact, together with the presence of excoriations, eczema, and other changes in the skin, makes it difficult to find them. (2) The large papules, though pale, are not usually of the same colour as the surrounding skin, but of a distinctly redder tint. (3) Hebra has, for the purpose of diagnosis, laid too much stress on the elementary form of the eruption, and not enough, by comparison, on the history of the disease, which is, after all, a more important diagnostic feature. With regard to the *prurigo papule*, I would remark that in elderly people, who have suffered perhaps for many years from chronic eczema of the ordinary kind, we notice that towards the later part of life the eruption often assumes a papular form, and we have, instead of common eczema, a development of large pruriginous papules on the extensor sides of the limbs; these papules are torn and bleeding from the scratching of the sufferer, and present an appearance closely resembling Hebra's prurigo, but with a different history; this modified form of papular eczema is still called prurigo by some writers. But to return. Hebra says that prurigo is not congenital, but commonly appears during infancy. Now it is true that, strictly speaking, it is not congenital; at the same time it always appears at a *very early age*, generally during the first or second year of life; and this fact I regard as one of the most constant and characteristic features of the disease. I have never met with a single example of its appearance *for the first time* in an adult, but when once developed it persists through life.

Two cases of this disease have lately been under my care at the Middlesex Hospital, and serve well to illustrate the leading features of the malady. One was in a boy aged about twelve, and the other in a young adult. In the latter case the history and features of the disease were highly characteristic. The eruption had existed from infancy, and had, in spite of all treatment, slowly increased, though varying in severity with the changes of season. It was scattered more or less over the body, but its chief seat was the back of the wrist, arms, thighs, and legs, the latter being very severely affected. The hams, however, were almost entirely free from eruption; so also was the space on the flexor aspect of the elbow-joint. The head and neck were also quite free. The itching, always severe, was described as at times intolerable; the skin of the legs and thighs, which was abnormally dark, was thickened, especially on the outer aspect of the limb, and so hard that it was somewhat difficult to pinch it up between the finger and thumb. On passing the hand quickly over the leg, the harsh, rasp-like character of the skin was very apparent. The general appearance of the eruption on the legs was just such as might be produced by severe persistent phthiriasis leading to chronic, dry, papular eczema, excoriations, pigmentation, and thickening of the skin, but, of course, differing in respect to the parts affected. On a careful examination, it was not difficult to find some of the isolated large pale papules of Hebra, but at this stage of the disease (over twenty years' standing) they are for the most part not isolated, and therefore not recognised. In this case all the leading characters of the disease were present: (1) its development in early infancy, (2) its persistence throughout life, (3) the especial development of the eruption on the lower extremities, with the freedom of the ham, (4) the intolerable itching with the consequent scratching, leading to excoriation, secondary eczema, thickening, and pigmentation.

With regard to treatment, some decided relief was given, of course only temporary, by full doses of arsenic, and soothing local applications.

In conclusion, I would remark that the comparative rarity of this disease in England, even amongst the lower classes, together with what I must call Hebra's exaggerated description of the "large, pale, isolated papule," have led to the erroneous conclusion that the disease does not exist. Lastly, I would point out the fact that in infancy the first appearance of the eruption is usually that recognised as lichen urticatus, which, however, subsequently changes to the eruption characteristic of the disease.

SURGICAL NOTES ON THE ZULU WAR.

By D. BLAIR BROWN, F.R.C.S. ED., A.M.D.

THE following cases and observations, apart from the intense interest shown concerning all appertaining to the Zulu war, will, I think, be found of sufficient interest to find space in THE LANCET.

Assegai Wound of Left Ham.—Private J. H. M——, of the 1st Battalion 3rd Regiment Native Contingent, was present on the 12th January at the attack on Sirayo's Kraal. Several prisoners were taken, and were being disarmed. One of them, being irritated by our friendly Kaffirs,

tried to force his escape, and, assegai in hand, stabbed right and left at everyone. The patient in the case now being described was one thus injured. A bandage was applied, and he was conveyed to Rorke's Drift for treatment. While there several outbursts of severe hæmorrhage occurred from the wound, and though the bleeding points were searched for by all the surgeons at that camp, it could not be permanently stopped, breaking out again after a day or more, or whenever the local means of arrestment were withdrawn. On the 26th of January he was sent to Helpmakaar, and I found a wound of a regularly punctured nature in the lower end of the left ham, a little above the popliteal space. As there was no bleeding from it I did nothing but order the limb to be kept as quiet as possible. Next day, however, hæmorrhage—which was found by the two civil surgeons who immediately attended to be almost impossible to stop—took place. When I saw him this time his pulse could scarcely be felt, and he had fainted. No further bleeding took place for two days, when it burst forth again. Assisted by Surgeon McGann and Civil Surgeon Beresford, the patient being under the influence of chloroform, I enlarged the wound, to look for the bleeding vessels. Having made the incisions, I found a large cavity filled with coagulated blood extending up the limb and amongst the muscles; compression over the femoral during this procedure was maintained. On relaxing this after the clot was cleared out numerous points of bleeding were seen, none of which could be seized for torsion or ligature. The patient was again almost pulseless, and his face very pale. Raising the limb, prolonged digital and instrumental pressure all failing, it was agreed that ligature of the femoral was the only remedy left to us. I proceeded at once to do that. On reaching the sheath of the vessel the profunda was found to have a longer course than usual, and to be lying very close to the superficial femoral, both vessels being plainly felt pulsating. On applying pressure with the point of one finger on the profunda branch, I found not a drop of blood escaped at the wound after the withdrawal of the tourniquet from the groin. I therefore adopted the lesser operation, and tied the profunda. The wound healed rapidly, and after the first two days, when he complained of slight uneasiness in the limb, there was nothing else to note. On the 15th of February he left Helpmakaar for the Base Hospital at Ladismuth. He is now at his duty in a mounted corps at the front, none the worse for his wound. This patient was one of those in the hospital at Rorke's Drift on the memorable 22nd of January, and managed to hop out from the one building, under fire, to the other. He therefore had four marvellous escapes within a few days—first, that of the stab at Sirayos's kraal; secondly, the escape under fire from the hospital at Rorke's Drift; thirdly, the frequent profuse hæmorrhages; and fourthly, the operation.

Case of Gunshot Injury to the Cervical Vertebræ with Lodgment of the Bullet.—No. 1112, Corporal J. L——, of the 2nd—24th Regiment, when engaged in the defence of Rorke's Drift, on the night of the 22nd January, received a bullet in his neck, near the posterior margin of the sterno-mastoid of the left side, about the upper portion of the middle third of its length. Only one wound, that of entrance, was present. He complained of great pain in the neck on the slightest movement. When in bed the pillow caused an increase of this. He had lost almost all use of his arms and hands, especially the right one, which he described as "quite dead." Painful "twitchings" were experienced in the arms. Whenever he moved his head from the bed some one had to support it between their hands before he could do so. At Rorke's Drift several surgeons tried to find the bullet, but were unsuccessful. In the above condition he arrived at Helpmakaar on the 26th of January. Next day, assisted by several surgeons, I got him under chloroform, and made a prolonged attempt to find the bullet. The course I found it had taken was in a direct line with the spinal cord. I made a free opening in the middle line, as far down the course as possible, and again attempted to reach the bullet. I found by digital examination now that the processes of two adjacent vertebræ were smashed, and I felt a soft, smooth, cord-like substance under my finger beyond. Pressure on this instantly caused the patient to turn very pale and the pulse to be almost imperceptible, and necessitated the immediate withdrawal of the chloroform and the adoption of artificial respiration. I have no doubt but that it was the spinal cord. I took away several pieces of the vertebral processes which were lying loose, but had to give up attempting to reach the bullet. The case continued much as described for some time. He was sent to the Base Hospital at Ladismuth. On taking over medical charge thereof, on the 27th of February, I found my old patient much in the condition as before described. He was suffering greatly from the pain in his arms, and wished to have them both off to relieve him from it. On examination I found a distinct hard substance on firm pressure beneath the ligamentum nuchæ, which was not present on former occasions. On consultation with the Surgeon-General of the forces, who happened to be on a tour of inspection at the time, I cut down upon it, and without much difficulty enucleated an ordinary round bullet, with a rather long rough process extending from its smooth surface. The wound healed rapidly; but the original one still continued open and discharged a little pus. In a few days the pain entirely disappeared from his arms and their use nearly returned. The right arm was not "quite the thing" when he was sent to head-quarters at Pietermaritzburg. He has since, I learn, sailed for the Royal Victoria Hospital at Netley.

On the 21st January I reached Helpmakaar in medical charge of three companies of the 1st—24th Regiment, the only men who remained of that regiment after the massacre. On the afternoon of the 22nd I accompanied these men, augmented by about a hundred more, *en route* to Rorke's Drift, intending to be at Isandhlwana on the 23rd January. Having got within a few miles thereof, we met numerous fugitives flying from the camp, from whom we learnt the fate of the Isandhlwana one, and were told that the place we were going to—Rorke's Drift—was surrounded by the enemy in thousands. We turned back to Helpmakaar and formed an entrenched camp. There I remained in medical charge. The accommodation for the treatment of sick at Rorke's Drift being *nil*, they were all sent to Helpmakaar, as we had the end of a commissariat shed with extemporised beds made of biscuit boxes covered over with empty flour sacks there. The whole of the medical equipment of the column was lost at Isandhlwana, so that ordinary means of treatment were not to be had.

From the fact that the men at Rorke's Drift fought from behind shelter the wounds were all in the upper portion of the body. Those who were killed were hit on the head. In one case the bullet entered at the posterior margin of the sterno-mastoid, near its shoulder end, and, without penetrating the cavity of the chest, made its exit at middle of base of scapula. Another was hit near the bicipital groove of the right humerus, bevelling the bone along its line of flight, and getting exit at lower angle of scapula. One received a bullet at the insertion of the deltoid; the missile was found lying a few inches lower down the bone, and extracted at Rorke's Drift. Mr. Dalton was shot in the right shoulder while forming the "laager." The bullet entered half an inch above middle of clavicle, escaping all the important vessels, and ran down the back, finding an exit at the lowest border of the origin of the trapezius muscle.

In every instance the wounds when seen by me on Jan. 26th were in a sloughy condition. Large masses of purulent matter could be withdrawn with a little pulling by dressing forceps. The wounds were unmistakably made by ordinary round bullets fired from smooth-bored guns. The ease with which most of the bullets were turned aside from their straight course after penetrating can, I think, be accounted for by the fact that they were fired, for such weapons, at considerable range, and the charges of powder must have been limited, as the enemy individually carry but one bullock's horn, transformed into a powder-flask; this is usually all they have. Their fire is described to be very poor, blazing away and only occasionally hitting. It is with the assegai, however, they can do their deadliest work; but this necessitates very close quarters, what is scarcely likely to occur again. The assegais—a lance-shaped piece of steel or iron, on a comparatively thin but well-balanced round stick as a handle—are of two kinds; the "throwing" assegais are longer and broader in the blade than the "stabbing" kind. The handles of both also differ; that of the first kind is exceedingly well-balanced, to allow of its flight through the air, which it traverses like an arrow, the broad blade acting the part the feathers do in the other, only at opposite ends of the instruments. The Zulus hold them in their right hand, their fingers clenched round the handle not far from the blade, and bending their forearm at right angles to their arms, with a backward and forward movement they direct with a sudden jerk the instrument upwards into the air,

where it is seen coursing like an arrow, and descending in a similar manner. At thirty yards many of them are very accurate in hitting their object. The "stabbing" assegai has a short and stouter handle, has a much smaller and narrower blade, and is attached to the handle by a continuation of the blade in the form of a steel shaft for about half a foot, and there securely fastened. In stabbing they keep the edge very low, making numerous cuts, stabs, and dashes therewith as they approach; suddenly raising the point, they make a direct stab, and, without withdrawing, a rip. It appears to be a thoroughly methodical operation, requiring considerable skill to acquire. It is an error often made to think that, on nearing an enemy, they all, at a certain signal, bend the handles of their long assegais on their knees, and break them short. I am told this does not take place except when they have no "stabbing," and all "throwing" instruments with them—a circumstance which rarely occurs, as they always keep close to one of the latter as their chief defence.

The wounds, therefore, received from these different proceedings must also differ in character. My late *confrère* and friend, Surgeon-Major Shepherd, was killed by a thrown assegai just as he was starting from the side of a wounded Natal Carabineer whom he was examining. Trooper Muirhead, of the Carabineers, who was with him at the time, informs me that he saw it coming, bent his head down on his horse's neck, and escaped it. Shepherd was close to him, and received it in his back. He at once fell from his horse with a loud exclamation, and was surrounded by Zulus and finished. The depth a thrown assegai will penetrate is great. In stabbing the abdomen appears to be the target they aim at, if possible. Assegai wounds of the extremities I have met with none—except the case already recorded—of any interest, no important vessel having been injured. One officer of the Contingent received one through the calf of his leg, "pinning him to his saddle"; this healed at once, and he hopped about all the time. I simply kept a bandage upon it.

It will, therefore, be readily conceived that severe and numerous cases of gunshot injuries are not likely to occur in Zulu warfare as far as we are concerned.

If we have to retreat rapidly, then a wounded man means a dead one, as the enemy converts the one into the other at once. Assegai wounds of regions not immediately fatal generally require but the simplest treatment.

Without medicines, lint, bandages, or any of the usual equipment at Helpmakaar, I had to make use of what I could find. A considerable amount of well-tarred tow was found in a box where some wine bottles were packed. This I used as the dressing for all the wounds, and no case did badly. Water or watery lotions were not used, except the former to wash the skin in the neighbourhood of the injuries. A few fibres of the tow were used as drains in the wounds, and appeared to serve the purpose as well as anything else.

NOTE ON CARDIAC THROMBOSIS.

BY C. E. MACNAMARA, M.C.P.I., &c.,
RESIDENT SURGEON, PUBLIC HOSPITAL, GEORGETOWN, BRITISH GUIANA.

A SUBJECT such as cardiac thrombosis needs very little apology in being brought before the members of the medical profession. Undoubtedly it is a condition which is being noticed more every day, and in many late numbers of medical journals cases are to be found reported with particular reference to this condition bearing upon its symptoms and results of such an important nature that any remarks which may be elicited from practitioners who have noticed this sequela of disease will, I have little doubt, be received with that amount of attention which such a subject merits. During a residence of some years in British Guiana, where this disease is of common occurrence, I have had unlimited occasions of watching many of these cases, and, further, have had ample opportunity of verifying in autopsies the previous diagnosis. And now it is with special reference to the appearances of the clots in their distinct stages that I desire to write. As far as my judgment has permitted me to notice I would distinguish two distinct varieties. In the generality of cases where the autopsic condition of the heart is examined, the ordinary post-mortem clot may be noticed, and is characteristic in its appearances, which are most markedly different from the ante-mortem or fibrinous accumulation of cardiac thrombosis, in which case the fibrine has become distinctly separated from the blood, and forms in the heart, with attachments to the endocardium, a yellowish, soft, frangible mass of a smooth, shining, and translucent appearance, much like strong or firm chicken jelly, tapering away and deepening in colour in the direction of the blood stream, till, for the last few lines of its extent, it bears all the appearance of the post-mortem coagulation. This clot is, in many cases, rapidly formed, easily diagnosed, and, if the disease be amenable to treatment, it is so, I consider, up to this stage; but my experience does not lead me to think that beyond this period of formation treatment can claim many conquests. The danger of enbolism is, I consider, greatest at this period. Bearing in mind the next, or second stage, this clot, as to its development, may be considered the recent clot, and if the painful effort for life be continued sufficiently long, the causes of thrombosis accompanying it, this clot, in periods varying from twenty to fifty hours, passes into its second stage (the limits of time are conjectural). It is then a white, tough, and smooth shining mass, in size and consistence markedly resembling a small oyster; it is firmly attached to the endocardium, and is frequently found partly obstructing some of the gateways of the heart. In comparison to the recent clot, it is much smaller in size. The patient at this stage may be comparatively easier. The thrombic sounds have increased in harshness, somewhat simulating bad valvular obstruction. The diagnosis is difficult, and in my opinion this clot, when once fairly formed, is most, if not entirely, unfavourable in its issue, and in reference to the first stage, which I have alluded to, I look upon this as the mature clot.

Further stages I have not yet noticed in practice. A description of such, together with the entire clinical teaching of this distressing, though not hopeless, condition, may be found in some of the recent manuals of the Practice of Physic, though it is to be regretted that many able writers have not touched upon this important subject.

NOTES OF CASES OF SPINAL DISEASE TREATED BY DR. SAYRE'S METHOD.

BY LEIGHTON KESTEVEN, M.R.C.S.

CASE 1.—L. W——, aged eleven years, was brought to me on account of her having, from early infancy, suffered from weakness of the muscular system and defective co-ordination of the muscles of the extremities. In intellect she was as backward as a child five or six years of age. For the last two or three years she has been subject to seizures of *petit mal*. When I first saw her she was seated in a chair "all of a heap," her head falling on to her shoulders, moving by jerks. Articulation was imperfect. In attempting to speak the muscles of the face were irregularly drawn. The effort to walk, even when supported, evinced her powerlessness to put her heels to the ground. Her movements resembled those of the advanced stage of locomotor ataxy. In using her upper extremities, as for feeding, the muscular jerks would send things flying from her hands. Her general health was fairly good, although she was rather thin. There was no disease of the vertebræ detectable, but the normal curves of the spine were wanting; any curvature might be given according with change of posture. Being of opinion that this feeble condition of the muscular system might be in a great measure owing to irregular compression of the spinal cord, I decided to extend the column by Sayre's method of treatment. The child was suspended, and a plaster-of-Paris jacket applied. Bromide of potassium and bark were administered. The epileptic attacks almost immediately ceased, and during nine months she had only three seizures. Her general physical condition has greatly improved. Locomotion is now possible for short distances, and her upper extremities are under control. She is able to hold up her head, and her articulation has improved. The jacket has been twice re-applied, and is still worn. The improvement in this case may, I think, be fairly attributed

to the use of the plaster-of-Paris jacket; the beneficial treatment of the epileptic seizures by the bromide has, doubtless, contributed to the result.

CASE 2.—C. B——, aged ten years, imbecile and helpless, was in much the same condition from birth as the preceding case. He suffered from severe and frequent attacks of epilepsy. The jacket was applied five months ago (November, 1878), and bromide of potassium was administered in full doses. The fits have ceased and muscular power has increased. He looks brighter and is more intelligent. The jacket has been reapplied thrice, each time with more and more comfort.

These two cases show that great relief may be afforded under this plan of treatment to cases in which the application would not seem to be specially indicated. The more mechanical support would seem to have been beneficial, and would doubtless prove so in many instances in which there is no actual disease of the vertebræ.

CASE 3.—In a third case, where caries of the bodies of vertebræ exists, as exhibited in extensive psoas abscess with profuse discharge of pus and hectic fever, great relief and comfort has been afforded by the use of the jacket and the internal administration of steel and quinine.

These cases are not "picked cases," but have occurred to me in series. In bringing them forward I desire to show the wide use to which the method of Professor Sayre may be extended. These are, I believe, the first instances of the employment of this plan in New Zealand. They have been accomplished under difficulties, since I have had to be my own instrument-maker for all the apparatus, even to the construction of the compound pulleys.

Wellington, New Zealand.

AN IMPERFECTLY DEVELOPED UTERUS.

BY H. R. OSWALD, M.B., C.M. EDIN.

C. T——, a servant girl, aged sixteen, came under my care, at Redhill Cottage Hospital, on February 27th, 1879, complaining of a strongly-smelling discharge from the vulva, which had lasted a considerable time, and was most disagreeable to everyone living in the house with her. The discharge was accompanied by headaches and pains in the back. On approaching the patient there could be no mistake about the odour, the whole ward being permeated by it. Her appearance, however, was not unhealthy, nor did she seem like a person suffering from any exhausting drain on the system. On making an inquiry into her personal history, no admission concerning venereal disease was forthcoming, and no family history of syphilis could be obtained. The discharge first appeared with her earliest menstrual period.

An examination of the abdomen revealed nothing abnormal. The examination per vaginam showed there was no hymenial obstruction, though the hymen existed. The index-finger was admitted to half its length. At the top of the vagina the finger seemed to bury itself in a pouch, and no distinct os or cervix uteri could be felt. There was no swelling or redness of the labia, nor were there any signs of inflammation palpable to the finger internally. But an aperture could be distinctly felt at the fundus of the vagina, with two smaller ones at each side of it. Bimanual examination per vaginam detected nothing in the shape of a uterus. The speculum revealed the existence of the apertures already mentioned. On the end of the speculum a dirty, almost purulent-looking, but not copious discharge collected. This discharge was most offensive. A probe could be passed, though only for a short distance, through the central opening. There was no appearance of inflammatory action anywhere. The discharge was sufficiently great to necessitate a change of three or four napkins daily.

Under these circumstances I felt justified in concluding that the uterus was abortive. I was, however, by no means certain of the pathology of the discharge.

The following was my method of treatment of the case. Baths were ordered to be used every day. On the 3rd March and following days the vagina was washed out twice daily with a solution of potasse permanganas by means of Higginson's syringe. Tincture of steel and infusion of quassia were prescribed. As there seemed to be a good deal of foul smell in the urine, I tested it on March 5th, with the following result: sp. gr. 1030, neutral, no albumen, no sugar; odour offensive, owing to an admixture of the discharge, which collected at the bottom of the vessel. Suspecting the possibility of vesical mischief, I injected the bladder with a solution of carbolic acid (1 to 100), but the fluid returned perfectly clear. There was moreover no vesical pain. On the 9th March menstruation commenced, and was quite natural. The baths and injections were discontinued, but the patient still took the steel mixture. The offensive discharge did not smell so strong now as formerly. On the 15th menstruation ceased, and all the symptoms recurred in full force. On the 18th, iodide of potassium was administered in place of iron, the baths and injections being resumed.

No improvement occurring, the patient was dismissed on the 23rd March, *in statu quo*, and sent for examination to Dr. Matthews Duncan. Dr. Duncan elicited the following additional important facts:—That, after purging, in the region of the uterus there is to be distinctly felt a mass which, on examination per rectum, might pass for the uterus, but that it feels more rounded and somewhat less mobile than might be expected in a healthy uterus. The probe apparently passes through one of the apertures into a natural channel. Bimanual examination per rectum discovers, on the left side of the pelvis and occupying the greater part of it, a tense, elastic swelling, which feels as big as an orange, but is not tender. Dr. Duncan adds that probably one horn of this partially developed organ was distended with dirty, fetid pus.

I have only to add that the patient is still in the same condition, and that I have ordered a change to the seaside.

Redhill.

ON A HITHERTO UNNOTED FEATURE OF THE BLOOD IN LEUCOCYTHÆMIA.

BY E. C. BOUSFIELD, L.R.C.P. LOND., M.R.C.S.

MUCH has of late years been discovered and recorded with regard to the appearances of the blood in the above disease, but, so far as I am aware, no reference exists in the work of any author to the feature to which I wish to draw attention. It consists in the presence of irregular granular masses of considerable size, protoplasmic in their nature (as is evident from the fact of their exhibiting faint amœboid movements), and the somewhat cylindrical shape of the larger ones, suggesting the idea of their having been moulded by the capillaries. The specimen of blood was obtained, as usual, by pricking a cleanly wiped finger. These masses do not exist in every case, for I had under observation at the same time two leukæmic patients, and the differences were so remarkable that it is worth while to briefly describe them.

In the first, that of a female, the splenic tumour was of very considerable size, reaching into the left inguinal region; she was, however, well nourished, and her blood presented a considerably increased proportion of leucocytes, which were greatly above the normal size. In the second case, that of a male aged about fifty, the splenic tumour was much smaller, the patient remarkably cachectic in appearance, and in the blood were seen not only the protoplasmic masses above referred to, but a considerably increased proportion of leucocytes, of little larger size than the red corpuscles.

What may be the origin of the masses it is not easy to determine. It is not, however, improbable that they are formed by a process analogous to that which Dr. Klein has described as taking place in miliary tuberculosis in lymphatic glands, where, by repeated proliferation of one cell without division, or by the fusion of several smaller ones, a large multinucleated mass of protoplasm is formed; and the inference is strengthened by the close affinity between lymph-corpuscles and leucocytes. There is also the fact that in the patients in whom this condition of blood has existed there has coexisted with it marked cachexia, and this again would indicate a low condition of the vital functions, which might account for the non-fulfilment of the usual process of cell-division.

In both the patients mentioned above the symptoms were those usually described as occurring in leukæmia, but it would perhaps be truer to say that in the case of the girl the splenic hypertrophy, following on anæmia, was a secondary affection; and that in the latter case, that of the male, there existed what was in effect a malignant disease of the spleen, so that in the former some good might be done by treatment, whilst in the latter such a result was not to be hoped for. I am indebted to Dr. Andrew for the information that he noticed a similar condition of the blood to the above in a boy under his care about four years ago, and in whom the disease proved fatal; also to Mr. Hayward for similar information with regard to a case which occurred some time ago in the Westminster Hospital.

St. Bartholomew's Hospital.

A Mirror of HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

POPLITEAL ANEURISM; PREPARATORY TREATMENT; COMPRESSION; CURE; REMARKS.

(Under the care of Mr. JONATHAN HUTCHINSON.)

FOR the following notes we are indebted to Mr. F. Treves, F.R.C.S., surgical registrar.

This patient, a man fifty-seven years of age, was admitted into the hospital in December last with an aneurism in the right popliteal space. He was discharged about the middle of April as "cured," and presented himself a month later, according to instructions, in order that it might be seen whether the cure was permanent and complete. On examination there was found in the popliteal space a trace of the old tumour, but it was very small and without the least sign of even the feeblest pulsation. Pulsation, however, was to be felt in the posterior tibial artery at the ankle, although not so distinctly as on the unaffected side. The case might, therefore, be considered one of perfect cure.

Remarks by Mr. HUTCHINSON.—With regard to the tumour itself there was nothing especial to note; it was a typical aneurism in every respect. The patient was a healthy, well-developed man of temperate and quiet habits, with no history of syphilis and no explanation to offer for the appearance of the tumour, except the frequent and often forcible movements to which his leg would be subjected in following his employment as a carpenter. The aneurism was noticed about four weeks before admission, and was somewhat rapidly increasing in size.

To the treatment, however, of the case special attention should be drawn. Before any active measures for the cure of this aneurism were employed, the patient was subjected to the following preliminary treatment, which had previously been carried out in three cases with uniform success. 1st. He was kept in bed in a state of absolute rest. 2nd. His diet was limited as far as possible to solid food, a minimum of liquids only being allowed. The patient, having these instructions before him, and possessed with an intelligent desire to carry them out, managed to subsist on ten ounces of fluid per diem, or one pint in forty-eight hours. 3rd. Iodide of potassium was administered.

The perfect rest was of importance in so far as it acted by decreasing the arterial tension of the part and by preventing the aneurismal sac from being exposed to varying degrees of pressure. A diet composed as far as possible of solid foods, with but little liquid nourishment, aided considerably in increasing the fibrine of the blood, and so most favourably prepared the patient for the final and actual cure of the aneurism. The iodide of potassium was administered on account of the power it is presumed to possess of aiding the same process—viz., the increase of the blood fibrine. This action is, however, at present theoretical. This preparatory treatment was pursued for fourteen days. The only visible effect noticed was that the tumour, instead of continuing rapidly to increase, ceased at least to grow, and in fact diminished half an inch in circumference.

At the end of fourteen days the patient was anæsthetised, and Esmarch's elastic bandage and rubber band were applied to the limb. The bandage being removed, the band was kept on for one hour, the patient being under chloroform during that time. The limb was carefully watched during the process, and care was taken to prevent undue loss of temperature. Before the band was removed a number of dressers were ready at once to commence digital compression of the femoral artery in Scarpa's triangle. On the band being removed it was evident that the tumour still pulsated, but much less energetically than before. When digital compression had been applied for four hours all pulsation had entirely ceased in the tumour, but, as a matter of security, the pressure was continued for four hours longer. In a fortnight's time the patient left his bed, no trace of pulsation having been noticed since the day of the compression.

Of the two other cases referred to as having been subjected to this treatment, it may be remarked that in one the pulsation was found to have entirely ceased on the removal of Esmarch's band; while the other case was almost an exact counterpart of the present one. In both cases the cure was sound and permanent.

There are few, very few, cases of aneurism that cannot be cured by digital compression, if properly and intelligently applied, and presuming that compression be anatomically possible; and it is highly probable that that mode of treatment is much assisted by the preliminary procedure above indicated. Digital compression certainly requires a staff of good assistants, and is irksome to the patient; but it is nothing more than irksome; it is a simple and safe mode of cure, and should always have a most thorough trial before any more serious procedure is entertained.

MIDDLESEX HOSPITAL.

INTRA-UTERINE FIBROID TUMOURS OF UTERUS, SESSILE AND PEDICULATED, AS CAUSES OF UTERINE HÆMORRHAGE; TREATMENT FOR THEIR REMOVAL.

(Under the care of Dr. HALL DAVIS.)

THE following case is from notes by Mr. W. E. Dixon, obstetric physician's assistant.

Fanny R——, aged forty-eight, married, was admitted, April 30th, 1870, into Prudhoe ward for uterine hæmorrhage. It was found to be dependent on an intra-uterine tumour, elevating the fundus nearly to the navel. She had had four labours at full term, the last ten years ago. She had not had any miscarriage. The hæmorrhages had been of three years' duration, but most profuse at her menstrual periods.

On admission, the patient had undergone the ordinary styptic treatment for hæmorrhage without permanent benefit. She was very exhausted and extremely anæmic; her lower extremities were œdematous, but there was no albumen in the urine, sp. gr. 1014. As she was not then losing blood, it was thought advisable, in view of operative treatment under more favourable circumstances, to rally the patient's strength first by tonic measures.

May 13th.—That object having been fulfilled, and no hæmorrhage of consequence having recurred in the interim, the connexions of the intra-uterine tumour were examined to-day. The depth of the uterine cavity, measured by the sound passed to the fundus, was found to be four inches and a half. Part of the tumour occupied the cervical canal, and was adherent to the cervix for three-fourths of its circumference.

The patient was now placed under anæsthesia, commencing with chloroform, afterwards carrying it on with ether. Dr. Davis then detached with the finger the adhesions to the interior of the neck of the uterus upwards, till the rest of the growth, as high as could be reached, appeared free. He then passed up the loop of a wire-rope écraseur over the tumour till he supposed its advance was stopped by an adhesion. His next intention was at once to amputate the growth, but, the process being tedious, he decided, after he had partly crushed through it, to endeavour to remove the tumour by a combination of torsion and extractive efforts. In this way the remaining not very firm

adhesions were broken across, and the tumour, by the écraseur purchase, was brought gradually through the os uteri and vagina. It exhibited on its outer surface a cast of the concave interior surface of the uterine cavity. It had been adherent to the fundus and upper part of the body of the uterus by loose tissue without a pedicle. As a safeguard against hæmorrhage, the uterus was swabbed out with a sponge saturated in a solution of perchloride of iron, 1 in 4. A suppository of one-third of a grain of morphia was administered in the course of the evening.

No severe symptoms followed the operation, there has been no return of hæmorrhage, and the patient is now (June 3rd) rapidly gaining strength. She has already lost much of her pallor, and is able to sit up for a short time daily. She is taking tonic medicines and plenty of good nourishment. The weight of the tumour was five ounces, its length four and a half inches, its greatest circumference six and a half inches. Its structure was that of fibroid tissue, closely resembling that of the plain nucleated muscular fibre of the uterus, but not containing any of the cells characteristic of carcinomatous growths.

Dr. Davis referred, in the course of his clinical remarks, to another case of an intra-uterine fibroid tumour, of similar structure to the above, which he had removed in November, 1859, also by torsion combined with extractive efforts, preceded by preparatory separation of the more accessible adhesions. The lady the subject of it was a widow fifty-one years of age. In her case the tumour, which on removal weighed upwards of five pounds, had interfered mechanically with the function of the bladder, and had been the cause of repeated, profuse, and exhausting floodings. The growth was in the above manner gradually drawn out of the uterus, being detached at the same time from the uppermost adhesions to the fundus of the uterus, to which it was not pediculated. The left hand grasping the upper half of the tumour, and the vulsellum forceps carefully guided and applied to its lower half, were the means of purchase employed in removing the tumour. The patient made a rapid recovery, and returned to her country home within three weeks after the operation. She has now, after nearly twenty years of a prolonged and active life, had no return of uterine disease. The tumour belongs to the Middlesex Hospital College museum.

RADCLIFFE INFIRMARY, OXFORD.

A CASE OF SEVERE CHOREA TREATED WITHOUT MEDICINE.

(Under the care of Dr. TUCKWELL.)

THE following may be read in continuation of a series of cases of chorea treated on the expectant plan by Dr. Gray and Dr. Tuckwell, and published in THE LANCET of Nov. 18th, 1876. Its duration, severe though it was, will be seen to correspond singularly with the average duration of chorea treated by all kinds of medicines, as estimated by Hillier and Sée—"about ten weeks" and "sixty-nine days."

A. C——, a boy aged ten, was admitted on March 31st, 1877, suffering from a first attack of chorea, which had begun three weeks before admission without any assignable cause. No history of rheumatism could be traced either in the boy or his relatives. The chorea was very severe and general. The cheeks, tip of the nose, and lips were reddened and excoriated from friction against the pillow and constant spasmodic movements of the lips. No cardiac murmur could be detected. Pulse 100; evening temperature 99°. The boy was placed in a large crib, well padded round with pillows. He was ordered to be fed every two hours with milk, eggs, and light puddings; a little minced meat and mashed potato to be taken twice in the twenty-four hours; no stimulants; no medicine.

April 7th.—No improvement, but rather an increase in the severity of the spasms. The lips were fissured, and the cheeks and nose badly excoriated. The pulse had ranged from 90 to 110, and the temperature had never exceeded 99°. No cardiac murmur had been heard, though often listened for. He had been well nursed and steadily fed. The bowels had acted, and the urine had been passed, naturally.

9th.—A remarkable subsidence of the choreic movements had taken place in the past twenty-four hours. There had been a natural sleep of some hours.

23rd.—Since the last note the chorea had steadily abated. The boy was quiet, and sleeping and eating well. He was, however, quite unable to speak, and when spoken to grinned in an idiotic manner. He was also partly paralysed in both his legs, so that he could only move them slowly in bed, and could not stand upright. He passed his urine and fæces involuntarily. His temperature had kept normal, and his pulse had fallen to 80. Ordered to continue nourishment as before; no medicine.

30th.—He was now able to hold his urine and fæces, and pass them voluntarily. He could speak, and had a more natural expression. He was regaining power in his legs. The chorea was scarcely noticeable.

On May 17th he could talk well, stand and walk about the ward with a little help; and on the 22nd the chorea had disappeared. He could walk strongly, and talk naturally. He was discharged to the Convalescent Home at Headington.

Duration of chorea before admission, three weeks; in hospital, seven weeks and three days; total duration, ten weeks and three days.

Reviews and Notices of Books.

Nervous Diseases: their Description and Treatment. By ALLAN MCLANE HAMILTON, M.D. London: J. and A. Churchill.

Diseases of the Nervous System: their Prevalence and Pathology. By JULIUS ALTHAUS, M.D., M.R.C.P. London: Smith, Elder, and Co.

IN a compact volume of 500 pages Dr. M'Lane Hamilton, of New York, has given a concise, and on the whole a good, review of diseases of the nervous system—a review in which the work of English and continental, as well as of American writers, is fairly represented, and the literature of the subject has evidently been well studied. An introductory chapter describes the methods of examination and the instruments employed in diagnosis and treatment. Among these is described a new form of dynamometer, consisting of an india-rubber bag communicating with a closed chamber containing mercury, from which a vertical tube proceeds, and the height of the mercury in the tube affords an indication of the amount of force exerted. It is assumed that the compression of the india-rubber ball to one-half will raise the mercury half way up the tube. A gas cautery invented by the author appears in every respect identical with that invented here many years ago by the late Alexander Bruce. Among the more interesting chapters in the book is one on the climatic relations of tetanus, which contains a considerable number of interesting facts regarding its endemic prevalence. In Havana, with a population of 250,000 and 5000 births per annum, the yearly average of deaths from tetanus is 48 adults and 382 children—7½ infants per 100 births. In Long Island the disease is said to be exceedingly prevalent, but trustworthy reports which Dr. Hamilton has obtained show that its frequency has been exaggerated. Nevertheless, one case occurs a year per 1000 of the population. Idiopathic tetanus is not rare from sudden alternations of temperature, sitting down in the cool breezes after fatigue and overheating. It is not uncommon in fatigued horses which are turned out to pasture in a slight frost or exposed to the ocean breezes. In some localities the disease appears at times to be so common that it is not safe for persons with even the most trivial injury to remain in the neighbourhood. Trismus nascentium in these places is so common that women about to be confined are accustomed to go to some other locality. In the extreme easterly end of the island, however, no case had been known, so that colts are taken there to be castrated, and are not removed until the wound is healed. These facts are very remarkable, and well deserve more careful and thorough investigation into the endemic influences than has yet been given. The disease appears to be as fatal in these districts as elsewhere, cases of well-authenticated recovery from traumatic tetanus being extremely rare. One of the best chapters in the work is that

on epilepsy, of which the author's experience has apparently been larger than his statistics suggest, and the opinions and facts of other writers are carefully collected and analysed. He prefers the bromide of sodium to that of potassium as being more reliable and more stable. His statement, that "in England it has been the custom to employ very small doses of bromide" is surely incorrect. A large number of original cases are recorded in the book in illustration of the several diseases. Many of these are of considerable value, of greater value, indeed, than the deductions the author draws from them. He records, for instance (p. 459), a "case of facial palsy of syphilitic nature cured by electricity in a remarkably short space of time"; but it appears from the account of the case that during this "short space of time" iodide of potassium was also given. Again, as evidence of cerebral hæmorrhage without loss of consciousness, he describes a case of hemiplegia without autopsy, and as an example of cerebral hæmorrhage in early life a case in which a child, aged five, became hemiplegic and convulsed three months after an attack of small-pox, both hemiplegia and convulsions persisting. A very grave omission in the work is the scanty treatment of the subject of syphilitic disease of the nervous system, the subject of syphilitic disease of the cerebral arteries being scarcely alluded to, and not mentioned as a cause of either softening or thrombosis. We would advise also in another edition a careful revision of the details of the work, for it abounds in inaccuracies in small things, such as that on page 20, where the student is told to harden the nerve-centres in a solution of fifty grammes of bichromate of potash and twenty grammes of sulphate of soda in fifty cubic centimetres of water. The volume is illustrated with fifty well-executed woodcuts.

Dr. Althaus's work deals ostensibly with the Prevalence and Pathology of Diseases of the Nervous System, but a description of symptoms is included, apparently as part of pathology. Diagnosis, prognosis, and treatment are promised in a subsequent volume. The work has thus a somewhat one-sided appearance, and is confessedly fragmentary, and as such it must of course be judged. The *raison d'être* of a fragmentary treatise will naturally, however, be more closely scrutinised than that of one which is complete, and in this case it is apparently to be found in the very full discussion of the conditions of prevalence of nervous diseases. These have been ascertained by a compilation of statistics from the Registrar-General's Reports—statistics which are of interest, and have been evidently collected with great industry. The facts are given in a graphic form, being reduced to charts. Interesting as these are, they are, however, less valuable than they appear at first sight. They present, as the indications of prevalence of the disorders, the number of deaths at the several ages, and this is all they do represent. The figures are given as indicating the prevalence of the disorders at the several ages; but this they do not, since no attempt has been made to ascertain the number of persons living at each age, and the prevalence of the disease at the various epochs would in every case be represented by different curves, often very different from those which are given. For instance, in the chart of mortality from apoplexy there is a rapid rise from thirty-five to sixty years, and then a more gradual rise from sixty to seventy. But the diminution in the number living between these ages would certainly render the ascent much slower, and it is quite probable that it would cease altogether between sixty and seventy. Again, between seventy and ninety there is a rapid fall, so rapid that the mortality from apoplexy at from eighty to eighty-five is given at a lower figure than during the third year of life! This curve is supposed to show the "influence of age on the mortality from apoplexy in England and Wales in 1847." It shows the mortality from apoplexy at the several ages, but certainly not the influence of age upon it, except to a very small extent. In Dr. Althaus's inferences from these figures we may trace, in some cases, the same want of accuracy in the statement of the facts shown by the figures, and, as an example, need not go beyond the deduction from the same table. It has been commonly assumed that apoplexy is more fatal to males than to females—a conclusion which Dr. Liddell corroborates from an examination of 1038 cases which occurred in New York. Dr. Althaus infers from his "infinitely more numerous" cases, that in this country the reverse is the case, and "*apoplexy is more fatal to females than to males to the extent of ·17 of the entire mortality from all causes.*" Most readers who give to the sentence the attention which Dr. Althaus's italics claim will surely at once ask, how can the relative fatality of sex be simply deduced from the entire mortality? If they examine the figures on which the conclusion is based, they will find that the deaths from apoplexy were in 1874 6420 males and 6428 females. The general mortality is 272,178 men and 254,454 women, which gives to Dr. Althaus his percentage difference. But the number of females living constantly exceeds that of males in the proportion of about 24 to 23; the figures in the same table being 11,512,956 males and 12,135,653 females. From this a simple calculation will show that in 1874 there died of apoplexy one male in 1793 and one female in 1887, the conclusion from which is certainly not that "apoplexy is more fatal to females than to males," but the reverse. Many other statements in the book are equally precise and inaccurate. In the same chapter we are told that the effect by which alcohol leads to apoplexy is that it "gradually cauterises the glandular cells of the kidneys," and that "apoplexy of the retina occurs from various causes, such as impeded general circulation from disease of the heart, liver, kidneys, and womb." We have searched in vain through authorities on the subject to discover any ground for this assertion of the effects of uterine disease on the circulation and retina. The book contains very little original work (except the statistics) that was not already part of the general knowledge on the subject.

MEDICAL REFORM.

MEDICAL ACT (1858) AMENDMENT BILL.

THE Committee resumed the inquiry on Friday last, at twelve o'clock. The Right Hon. W. E. Forster being unable to be present until two o'clock, the chair was taken by Lord George Hamilton.

The examination of Mr. Simon was resumed by Mr. Wheelhouse.

Mr. SIMON.—Oxford does not profess to do more than give scientific education, but, notwithstanding that, a gentleman with an Oxford M.D. degree, whose name is on the Register, can practise generally either in surgery or medicine. I am not aware that there is anything in the teaching at Oxford that would give a man a knowledge of the bistoury, the catheter, and the scalpel, but the graduate would be examined by persons who do understand the use of those instruments. I believe there is no complete identification of the infirmary with the university in the sense of the university controlling the hospital. It is quite possible to get a tabular statement of the cost of the diplomas and licences given by the nineteen different bodies. In 1857 and 1858 returns were obtained by Mr. Cooper, and there is no reason why others should not be obtained now. There have been great complaints, both outside and inside the profession, that there were so many entrances to it. The objections to the legislation that is at the present time proposed are stated in two memorials—one on behalf of the universities of Scotland, and the other on behalf of the

corporations there. There is a Faculty of Physicians and Surgeons at Glasgow, which gives diplomas in the same way as the College of Physicians in London. I have no idea what the cost of the diploma of that body is. I believe it is understood to confer only a right to practise as a surgeon. I do not pretend to speak with authority, but I believe it confers licences separately as well as conjointly. It is in consequence of the powers of the Medical Council being merely recommendatory, not mandatory, that consolidation has not taken place. Practically, there is not much difference between the Government Bill and the Bill brought in by the honourable member for Exeter. I take it that the broad distinction is that one proposes to alter the Council and the other does not. The school at Durham is, I believe, in some way affiliated to the university. I have no knowledge of any complaints of the period during which students in Ireland are compelled to attend lectures being very much shortened.

Mr. WHEELHOUSE.—Has not a statement been made that an Irish student may pass all that is necessary and receive all the certificates in a period a little over two years?

Mr. SIMON.—I am not aware of it. Of course if it were so it would be a very improper state of things. Of course if there is any truth in the allegation the Council, if it had mandatory powers, would immediately set that matter right. There is a branch Medical Council in Ireland which keeps a register.

Mr. WHEELHOUSE.—Has it not been suggested that some of the bodies in Ireland to which medical students resort do not make a full register of the students who go there?

Mr. SIMON.—I have not heard that, nor do I see exactly what the effect of it would be.

Examined by Dr. CAMERON.

There is no difference of opinion on the Medical Council, so far as I know, as to the necessity of the Council having the control of the examination rules, but good reasons have been urged why it would be more convenient that the rules should be locally framed in each division of the kingdom and submitted for approval. We have had experience in England of the vast quantity of time that is required for the preparation of examination rules. I am a very strong advocate for the General Medical Council having ample powers, and using them. A case would have to be very gross indeed before we should report it to the Privy Council. It would hardly be expedient to threaten to do so unless we meant to carry it out.

Dr. CAMERON.—It seems to me that a good deal of the reformatory measures proposed in this Bill might have been effected by the Medical Council had it had a little less reluctance to use strong pressure. It is a fact, is it not, that any licence or degree entitling the holder to be placed upon the Medical Register legally entitles him also to practise medicine and surgery?

Mr. SIMON.—He is entitled to recover payment for practice done according to his qualifications, and the qualifications are distinguished under the Act as surgical or medical.

Dr. CAMERON.—Take the membership of the College of Surgeons that entitles a man to act as a general practitioner, and a great number of general practitioners throughout the country are simply licentiates of the College of Surgeons, are they not?

Mr. SIMON.—I would say that for years we have not admitted anyone to the membership of the College on an examination solely surgical. If the candidate has not been the bearer of a medical qualification we have submitted him to a medical examination by examiners of our own. I cannot say if that is the rule with every surgical body. The College would have required an examination in midwifery during the last year or two if it had not been constantly expecting an improvement in the law, and a legislative demand for such an examination. I frankly admit that we are in default there. No member of the College of Surgeons is satisfied with our position as regards midwifery.

Dr. CAMERON.—Could not the Medical Council by a like gentle pressure have urged you to do what you wished to do?

Mr. SIMON.—It could have been resisted. We should probably have said to the Medical Council, as we have said to one another with great regret, "What is the use of organising new systems of examinations, when if we can get Parliament to attend to us for a day or two they must give us a reasonably proper law.

Dr. CAMERON.—Supposing the Medical Council regarded it as an anomalous thing that the College of Surgeons for England should grant licences for general practitioners and yet not examine in midwifery, could not that be reported to the Privy Council?

Mr. SIMON.—For ten years we have all been waiting for legislation. Recently instruction in vaccination has been introduced into the curriculum at the instance of the Government. The Privy Council represented to the Medical Council that there was no sufficient security for the qualifications of men who undertook the office of public vaccinator, and the Government emphasised its opinions by refusing to appoint men who could not produce proper qualifications. The licensing bodies did not disregard that recommendation.

Dr. CAMERON.—Does not that lead to the supposition that they probably would not have disregarded recommendations in other cases?

Mr. SIMON.—The case was peculiar there. The Government had the law in its own hands—the power of making regulations with regard to vaccination, and saying that no man should be a public vaccinator who had not learnt vaccination.

Dr. CAMERON.—It is alleged by the profession that the preponderance of university and corporation members on the Medical Council has hitherto retarded the satisfactory settlement of the question of conjoint boards.

Mr. SIMON.—That is a delusion. The constitution of the Medical Council has not impeded it; on the contrary, Lord Ripon, in 1870, was materially influenced by the votes of the Medical Council. The British Medical Association cannot escape the charge of obstructing the passing of the Bill of 1870 on the question of direct representation.

Dr. CAMERON.—Was not the ground of that attitude that, as at present constituted, the Council had not availed itself of its full powers, and that it was undesirable to trust such a body with more powers?

Mr. SIMON.—I cannot say.

Dr. CAMERON.—I think your chief objection to direct representation was that a Council so constituted would take up a great number of matters which did not properly belong to it?

Mr. SIMON.—I did not put that as a hypothetical objection; I referred to their representation, that by the introduction of popular members certain subjects could be dealt with, and I answered that that was no business of the Council.

Dr. CAMERON.—Assuming that last year there was a canvass of the profession, and that 5257 replies were obtained, of which all except 121 were in favour of direct representation, last year these outside subjects, such as poor-law medical officers, were not before the profession, were they?

Mr. SIMON.—I do not know that they were.

Dr. CAMERON.—If they were not, it would answer your explanation of the causes of former petitions.

Mr. SIMON.—I think not. When an agitation goes on, as in 1867, 1868, and 1869, for two or three years, the effect of it survives for a long while. I do not at all doubt that votes for direct representation could be collected in the profession, but I doubt whether it would be fair to take them according to the number. A touch of the spring of the British Medical Association in London will make electric bells sound over a very large area. One must make allowance for the influence of an organisation of the sort, and its power of collecting votes. If the total number of registered practitioners is 22,000 or 23,000, the fact that 5000 voted for direct representation is not of much account. The association proposed as its chief object what it called the annihilation of unpaid and underpaid medical labour, but the agitation really went into matters of personal competition. The memorial in 1869, signed by 10,000 persons, was led up to by articles in the *Medical Mirror* of a very exciting character.

Dr. CAMERON.—I want to ask whether any trades union could grow out of any body, however constituted, which had its powers laid down by Act of Parliament, unless the Act of Parliament made it a trades union. Supposing Parliament formed a body by direct representation to take the place of the present Medical Council, how could it act as a trades union?

Mr. SIMON.—It could not act as a trades union unless it was made a trades union.

Dr. CAMERON.—The strong argument against the present constitution of the Council is on the ground of its being anomalous, having one man elected by the lay graduates of

Oxford, and another by a trading company like the Apothecaries' Society.

Mr. SIMON.—I would not say that that should not be amended in its constitution, but I think the principle on which it is established is quite clear—namely, that there were certain bodies that the State recognised as its agents for purposes of medical examination, and it also recognised the pre-existing visiting power of the Crown in relation to those bodies. There does not seem to me to be anything anomalous in the broad principle of the Council, but it is quite possible that there might be improvements in the detailed application of the principle.

Dr. CAMERON.—Does it not seem probable that members representing corporations will be less likely to view with indulgence any thorough-going scheme of reform than men elected by the outside members of the profession?

Mr. SIMON.—Yes, I quite concede that; but you must recollect that those corporations are already empowered by the Legislature to be the examining bodies for admission to the profession. Your argument of course is incontestable, that they are not likely to be willing agents in subordinating their several institutions to a general system.

Dr. CAMERON.—Is not therefore the claim of direct representation, at all events so far as a certain portion of the Council is concerned, susceptible of argument on the ground that you want some independent influence to control the medical authorities?

Mr. SIMON.—I think not. Here is a certain definite act to be done—to require these bodies to co-operate; that is not to be done by a vote of the Council, but by decision of Parliament, and, so far as the Medical Council has anything to do with it, it has passed its votes more than once. It is not quite correct to say that the one-portal system was in no way adopted by the Council until after pressure was brought to bear upon it. When the Lord President addressed the Medical Council on the question of a Medical Bill, one of the first papers put before him was a declaration of one of the committees of the Medical Council to the effect that change of system was necessary. My object in the promotion of conjoint schemes has always been to raise the standard of medical education. It is very difficult to define exactly what the standard of the examination at the Edinburgh University is; but if that University finds that it can examine up to a certain level, and yet pass such a number of men into the profession, while other bodies in its neighbourhood admit men at a lower level, then I should be inclined very strongly to say that those other bodies are below a proper level. If examination could be supposed to be absolutely perfect, you would want nothing but examination; but as that cannot be, you must supplement it by other regulations. My personal opinion is to have as few regulations as may be, but all are agreed that if there is to be any regulation at all, there must be one as to the time to be spent in medical education. That, at all events, must be fixed, and the common consent at present is that it ought not to be less than four years. Forty-five months is the minimum we consider fit. That is the length of time required in the College of Surgeons, London.

Dr. CAMERON.—If the Privy Council had taken the initiative with regard to midwifery would you have done as you did in the case of vaccination?

Mr. SIMON.—The Privy Council has no *locus standi* with regard to midwifery.

Dr. CAMERON.—Well, take the Local Government Board. If that Board had done it would they have interfered with like success?

Mr. SIMON.—The Local Government Board would have been entitled to interfere if it found people practising midwifery who were not legally entitled to practise it. Every reasonable person utterly objects to the fragmentary qualifications, but they are part of the law of the land. Years ago there was a suggestion that the Medical Council should establish a general curriculum for the country, but, of course, the Council has no power to enforce a curriculum. It has, however, from the earliest days of its existence made recommendations relating to curricula.

Dr. CAMERON.—How do you propose to test the examinations by which colonial practitioners are licensed?

Mr. SIMON.—We have no means of testing them by visitations, and therefore we do not propose to admit them to the Register on the same footing as those we do test. We propose to have an appendix, as it were, to the Register, in which to put the names of persons who hold qualifications not granted in this country. The public must form its own opinion as to whether they will employ these persons or not.

Examined by Dr. LUSH.

I think that a Council composed of nineteen representatives of the various bodies and six nominees of the Crown does represent all the interests of the profession. I am of opinion that there are no separate interests that ought to be represented that are not represented. Of course, the nominees of the Crown have their personal predilections and bias.

Dr. LUSH.—If any questions arise in the deliberations of the Council which affect either the status or the pecuniary interests of a corporation, does it not follow that, to some extent, the representative of that corporation is not independent.

Mr. SIMON.—Quite so. He fights the battle of a particular institution to a certain extent; but if each is occupied with his own interest, instead of co-operating, the interests would be mutually repulsive.

Dr. LUSH.—Is it not in the nature of things that men who have a community of interests should say, "I support your views, and I expect you in return to support mine"?

Mr. SIMON.—I have not seen anything like that in the Council, though I see that nationalities have an influence. I entirely agree with the opinion I expressed in 1870 that there would not be much likelihood of a thorough reform of the system of having nineteen licensing bodies brought about by the Medical Council. It would not be fair to look upon all those bodies as wishing for a low standard. Many of them are aiming at a high standard. The powers of the Medical Council are, in my opinion, insufficient. It cannot do what it ought to do. It seems to me that every argument which has been advanced in favour of direct representation breaks down as soon as it is examined, but I am very strongly of opinion that each institution which sends a representative to the Council ought to be quite liberal in its constitution. A great deal of the desire for direct representation, if analysed, would amount to this: "We do not pledge ourselves to this particular mode of representation, but we are dissatisfied at having no share in the government of the profession." I quite agree with that. I dissent from the universal suffrage proposal, but I consider that every man coming into the profession ought either to have a vote in the election of the governing body of the institution to which he attaches himself, or at least to know that on condition of higher graduation in that body he will acquire that vote. I think that is a safe, intelligible principle. What I mean is that he should have a vote in forming the governing body of his corporation, not that he should have a vote in the choice of the representative on the Medical Council. What can universal suffrage know of the business qualities of a man for a Council of twelve or twenty members? I am inclined to think that the representative of Oxford at the Council ought to be chosen by the medical graduates only; but Dr. Acland, who is an admirable judge of such a question, attaches great importance to the fact that the selection is by the university at large. I do not think the bulk of the graduates take any interest whatever in who represents them on the Medical Council. It may be true that 10,000 signatures were obtained for a petition in favour of direct representation, but there is a sort of diffused ventriloquism in such matters when the collection of votes emanates from a central body. In my opinion a reduction of the number of the members of the Council would decidedly tend to facilitate business, but I do not see my way to such a reduction except with the system of conjoint boards. If certain bodies are united for purposes of examination, I do not know why they should not also be united in their representation on the Council. It is quite possible that even many of the most distinguished members of the Council are possessed of only one qualification, as is the case with myself. In the days of my pupilage it was the custom to depreciate a double qualification. Under an Act of Henry VIII. the College of Physicians is considered to be entitled to give a licence in surgery as well as in medicine.

Examined by Mr. MAITLAND.

The fact that formerly many candidates at the Army and Navy examinations proved themselves grossly ignorant of subjects for which they held licences was considered by the Council; but the Council was unable in the majority of cases to trace the fault to any particular body. Against no institution was a sufficient number of cases established to

make it a subject of special inquiry or reference to the Privy Council. To my knowledge at the present moment the same state of things does not exist.

Examined by Sir TREVOR LAWRENCE.

I cannot say whether it is the general opinion of the profession that reform is needed. I do not know what is the concensus of medical opinion on the subject, but I am not at all prepared to say that abuses do not at present exist; although up to the present the tendency has been towards improvement, I wish to provide against the possibility of a tendency to fall in the future. I do not consider that the conjoint scheme would be a radical change in the sense of being revolutionary. I cannot see that the moral influence which may be supposed to be exercised by the corporate bodies on the members of the profession attached to them is necessarily greater than that which might be exercised by the General Medical Council. The club system, improperly so-called, is really an admirable system, but it is an open question whether it should be arranged under the scheme. There is this awkwardness about the clause relating to affiliation, that whilst it is assumed to be of public importance that every one should be affiliated to a corporation, the corporations retain the right of refusing applicants. Of course the standard of efficiency at the conjoint examinations must be framed with a discreet regard to what the public require, and with reference to the fact that a certain number of practitioners must be supplied; but there should be no interest leading examiners to pass a larger number of persons than are actually required. I do not suppose that at present a higher standard would be recommended for the minimum examination than that under which the great bulk of practitioners enter the profession. It is, perhaps, not quite right to assume that the conjoint scheme voluntarily agreed upon by the English bodies is the one which would be adopted if the General Medical Council had compulsory powers. So far as I know there is not before the Medical Council any proposed curriculum for a conjoint scheme.

Sir TREVOR LAWRENCE.—I asked Dr. Acland the other day whether he considered that education would follow examination, and he did not seem to think it would. What is your opinion about that?

Mr. SIMON.—I have a very decided opinion that education follows examination a very great deal.

Sir TREVOR LAWRENCE.—Therefore, I suppose, education will teach down to a minimum scheme, and not up to a higher standard than is asked for—that education will tend to assimilate itself to the standard of examination?

Mr. SIMON.—Yes; but I do not think it necessarily follows that under a conjoint scheme, while the standard is raised in the cases of some inferior bodies, it will be necessarily lowered in the cases of bodies which are at present very much above the average, because, I presume, there will still be a demand for the higher titles.

Adjourned to Tuesday.

The Committee re-assembled on Tuesday, July 1st, at the usual hour. The chair was taken successively by Mr. Plunket, Mr. Forster, and Dr. Lyon Playfair.

Mr. SIMON was recalled, and his examination continued. He said, in answer to Mr. Errington:—I do not agree with the sentiments expressed in the petition of the King's College, Cork, that the uniformity of the examination contemplated by the Bill would necessarily lead to uniformity of teaching and prevent the development of new and improved ideas. With all respect, the argument appears to me ridiculous. It seems to amount to this, that because you plant a poplar tree and a mulberry tree at the same level in the ground, they will grow to the same height. I do not believe that the students, while working for a necessary licence, will neglect academic honours. Their natural ambition will lead them to acquire these.

Mr. ERRINGTON.—You were asked the other day whether licences were granted by Irish bodies after two years' study instead of the usual four years. Have you any knowledge of such an institution?

Mr. SIMON.—I know that representations have been made to the Medical Council that examinations meant to be preliminary are in fact not preliminary. I believe that in the University of Dublin, the Queen's University, the King and Queen's College of Physicians, the Royal College of Surgeons, and the Apothecaries' Company, the period of study required is four years.

Mr. ERRINGTON.—You have also been asked, with reference to the registration of students in certain medical schools in Dublin, would it not be the business of the Branch Council to look after that registration, and, if it has been neglected, is not that a reflection upon the manner in which the Branch Council carried out its duties?

Mr. SIMON.—It appears that the Branch Council regarded the question as one between the impugned bodies and the General Medical Council, and they therefore declined to make any observations on the subject. It is not within my official knowledge that certificates of attendance at lectures are given in many schools which do not actually imply that there has been any attendance. If it were, I should refuse to acknowledge such certificates. Attendance at lectures, where required, ought to be actually given.

Mr. ERRINGTON.—Does it strike you that unless the schools are supervised in some way, the registration of medical students must be almost a farce?

Mr. SIMON.—A good deal may be said for that view. I am aware that the majority of the Medical Council in 1870 in favour of the conjoint scheme was a good deal higher than that in 1879, and that Dr. Andrew Wood, who was a prominent supporter of the scheme in 1870, strongly opposed it in 1879.

Mr. ERRINGTON.—Is not this evidence that a more careful consideration of the difficulties of the scheme has induced many of those who were inclined to support it to change their minds?

Mr. SIMON.—I am not prepared to say, as a general rule, that second judgments are wiser than first. There is such a thing as the "native hue of resolution" being "sicklied o'er with the pale cast of thought." (A laugh.) The approval of some of the bodies was not, perhaps, unqualified. The King and Queen's College of Physicians in Ireland expressed an opinion that before any measure became law a select committee of both Houses should be appointed to take evidence. There are some eminent persons who have for years thought that their earthly paradise would be attained if a select committee could be appointed, and no doubt such a committee is likely to come to very wise conclusions. I think that a power by the Medical Council of suspending a body for misbehaviour would be fruitless. An extremely strong case would be requisite to justify the Council in suspending a body, and the difficulty of establishing such a case would be almost insuperable. A moderate laxity of examination might have a very awkward effect on the public, but it would be very difficult for the suspending authority to establish it as against a body that wished to discuss the fact.

Examined by Mr. ARTHUR MILLS.

Mr. SIMON.—I certainly think that nineteen bodies are more than are required, but I see no objection to their being continued in a conjoint way.

Mr. MILLS.—You spoke of the examining bodies getting their livelihood out of the fees for examination; do you think that is a satisfactory system? Should not the licensing authority be above all suspicion of any money interest?

Mr. SIMON.—It might be wished that it should be so. I believe the principle of direct representation was introduced in Mr. Warburton's Bill and also in Mr. Headlam's; I do not know if it was introduced into Sir James Graham's Bill. I have been careful to distinguish between arguments used for direct representation and the enthusiasm that was represented in the memorial of 1869. I do not deny that the supporters of direct representation have maintained that it would improve the constitution of the Council for educational purposes. I believe I said that all arguments of that kind could be knocked over like so many ninepins, but I believe that the enthusiasm that culminated in the memorial was very much the result of the propaganda of the British Medical Association. I do not wish to offer any opinion as to the motives of those who have signed petitions to the House of Commons; and I hesitate to express a very confident opinion as to the weight that ought to be attached to individual signatures.

Mr. MILLS.—Do you think that a large body of educated men like the registered medical practitioners of the United Kingdom are likely to be induced carelessly to sign Parliamentary petitions under the influence of wire-pullers?

Mr. SIMON.—I should suppose that the constitution of the British Medical Association would give very remarkable facilities for wire-pulling. I have no means of actually knowing how signatures to Parliamentary petitions are obtained; I simply guard myself against expressing an opinion that these petitions are as valuable as if every signa-

ture attached to them represented an independent judgment. I think the introduction of direct representation would be calculated to deteriorate the Council. There would be a large number of persons who could know nothing of the qualifications of the candidates. I know that in your Bill it is proposed that each candidate should have at least twenty-five nominators; that might be some guidance. I think the constitution of the Council makes it inevitable that there should be a great deal of talk in proportion to the business transacted. At present the proceedings are reported by the press, and I do not object to that. I believe that nearly all the medical journals are in favour of direct representation. I have no doubt that the change in the Government Bill making a conjoint scheme compulsory was partly due to the action of the Medical Council, but several other bodies addressed the Government on the same subject. The College of Surgeons of England remonstrated strongly against the permissive form of the Bill. I have said that every member of a medical corporation ought to be able to vote for the governing body. In the College of Surgeons there are 10,000 members, any of whom can become fellows if they choose to take a higher grade. The fellows elect the council of the College, and the council elects the representative in the General Medical Council. The present representative is Sir James Paget. If his name could be put up to a plebiscite, "yes" or "no," I have no doubt the "yes" would have a satisfactory majority; but if the 10,000 members were called upon to vote for certain names, I doubt whether there would be so good a choice. There is a difference between the election of a member of the Medical Council and the election of a member of Parliament. Members of Parliament go and show themselves, and make speeches to their constituencies. A candidate for the Medical Council would not come face to face with his constituents, who would know no more of him than the particular organisation promoting his return thought proper to tell them. I am aware the members for the universities do not solicit votes or appear on the hustings, but they are amongst the best known men in the universities they represent.

Mr. MILLS.—Do you think that the other provisions of the Bill are so important that it would be desirable to get them passed even at the sacrifice of your views with regard to direct representation?

Mr. SIMON.—The whole future of the profession will, under such theories of legislation as are being talked of, depend on the quality of the Medical Council; and I think it would be better not to legislate than to legislate with any reasonable likelihood that the Medical Council will be an unsuccessful body, and I think that with this condition it would be an unsuccessful body.

Mr. MILLS.—Then your position is no surrender—you would resist to the death?

Mr. SIMON.—I should use milder language than that. I think it a very dangerous experiment on the constitution of the body on which the future of my profession depends.

Examined by Dr. PLAYFAIR.

I am aware that the constitution of the Council is not according to the proportion of the number of licentiates passed in the three kingdoms. I think it probable that the more reasonable system to adopt is that which Parliament took of looking at the populations. I have no doubt there was a reason for the present proportion of members, but I cannot exactly say what it was. In England there are not so many medical students educated at the universities as in Scotland. There are a great many medical schools in London that are not represented on the Council, but they have no licensing or qualifying power.

Dr. PLAYFAIR.—Do you not think that the doubling of the fees for licences must operate to the disadvantage of poor university students and prevent their taking higher degrees?

Mr. SIMON.—The university would have taken part in the minor examinations, and I presume it would not repeat that part of the examination. I do not suppose that the degree of Bachelor of Medicine given by the University of Edinburgh is higher than would be the certificate of the joint board in Scotland. I do not see any reason in the nature of things why the university should charge any fee at all.

Dr. PLAYFAIR.—If a poor student has to pay £30 for a minimum qualification, will not that be an inducement to be content with the minimum examination, and not to pay twenty guineas more to obtain a higher qualification?

Mr. SIMON.—I think it unlikely that a man, whether rich or poor, would pay twenty guineas for a worthless professional qualification. If there is no difference between the degree of Bachelor of Medicine of the Scotch University and the certificate of the Conjoint Board of Examination, I do not see why a man should pay twenty guineas for the Scotch degree. If there is a difference, I take it for granted he would go up for it. I am aware that there is a proposal supported by high authority that university students should only be required to pass the final examination on a payment of five guineas, but that only had reference to a voluntary system. I should be prepared to recommend the acceptance of a similar principle in Scotland in the matter of earlier examinations. I think that the scheme might very properly provide for the acceptance of the examinations in anatomy and physiology by the separate universities, provided the conjoint authority were represented in those examinations.

Examined by Mr. FORSTER.

Uniformity in the proposed scheme for a conjoint examination is only this, that none shall be lower than a certain minimum.

Mr. FORSTER.—If the Medical Council had the most ample powers not only to inspect but to control the examinations of the universities, would not that be as effective as a dead level of uniformity by a Conjoint Board?

Mr. SIMON.—I think not, because inspection would be impossible except by a system of permanent assessors. I cannot conceive that the faults of any of the examining boards would be so gross as to be a basis for suspension. The present system does not give sufficient security to the public. Foreign and colonial licentiates are admitted on the Register, but in a different form. The object of the Register is to give the best assistance to enable people to distinguish qualified from unqualified practitioners. That assistance can be given to the public in a very efficient form as regards the United Kingdom, but only in a modified form in regard to foreign and colonial practitioners.

Mr. FORSTER.—Is it not proposed to give a right to women which you do not give to men, in allowing them to get on the Register by the conjoint examinations without going through the corporations or universities?

Mr. SIMON.—I admit that is a difficulty, and I may say I do not admire that part of the Bill.

Mr. FORSTER.—Are you aware that Sir Robert Christison in 1875 delivered an address to the British Medical Association, in which he gave his mature views on the subject of conjoint examinations?

Mr. SIMON.—Sir Robert Christison is a gentleman of such extraordinary ability that it would be difficult to say at what period his maturity arrived; but I would submit that his opinions in 1870 were well considered, and could hardly have been improved on in 1875. In 1870 he was being very much beset by compatriots of weaker nerves than his own—alarmists on the conjoint scheme; but coming from time to time to London, I think he got up his nerves to resist their influence. He has not of late years been in London. He has been under those depressing influences, and I can conceive that in 1875 his courage had oozed out of him.

Examined by Mr. PLUNKET.

I express no opinion as to whether the imputations that have been made upon the College of Surgeons of Ireland are well founded. I cannot say whether there was laxity in the matter of preliminary examinations. If there has been it is to be regretted, but I have no doubt that the College has acted in good faith, and, speaking generally, I have no doubt of the excellence of its qualifications. I think it very desirable that the separate authorities should be represented on the Medical Council, but I do not look upon them solely as separate interests. I think the continued maintenance of the libraries and museums of the corporate bodies would be for the public good as well as for the good of the bodies themselves. The museum and library of the College of Surgeons, on which nearly £3000 is spent, benefit no individual member of the corporation. I have no reason for thinking that other corporations which apply their funds in a similar way do so for any selfish purposes.

Dr. QUAIN, *examined by* Mr. FORSTER.

I have been a member of the Medical Council, nominated by the Crown, since November, 1863, and I have been treasurer during the whole period, and also chairman of the Pharmacopœia Committee since 1864. Keeping in view the duties assigned to the Council by the Act of 1858, I think it is well calculated to discharge them. Its duties have

been to superintend education and examination, to form a Register, and to issue a Pharmacopœia. With regard to education, I think it is impossible that it should have done more than it has done. I hold in my hand a volume of most valuable reports on education, issued in 1869. From that time to the present the Council have continued to issue recommendations for carrying out the curriculum prescribed. They have also visited the examinations from time to time, and corresponded freely with the several bodies, and the result has been a very considerable advance in medical education and examination. Owing to the want of conjoint boards, we are not in so good a position as we ought to be for the fulfilment of our duties. The regulations for an English Conjoint Board are quite complete, and the scheme might be brought into operation to-morrow. All the colleges in England have approved of it except the College of Surgeons, which has postponed its consideration until the result of the legislation is known. A great deal will depend upon conjoint boards being established in Scotland and Ireland. The chief objection to conjoint boards comes from Scotland. The difficulties in England have all been surmounted by mutual sacrifice and patience. In the English conjoint scheme there are forty-eight examiners, and the examinations are divided into three periods.

Mr. FORSTER.—The effect of the Conjoint Board would appear to be that the lowest examinations at the present time would be screwed up; have you no fear that the highest examinations would be screwed down?

Dr. QUAIN.—Certainly not. The higher examinations would be the honorary distinctions of the profession. I think that the recommendations of the Medical Council should be made orders, subject to the approval of the Privy Council. The total sum received by the Medical Council from the commencement is £137,000. The average income for twenty-one years has been £5165; for the last three years £6300.

Mr. FORSTER.—What do you think has been got for that?

Dr. QUAIN.—It is difficult to make it a matter of trade or finance. The profession has a legal standing that it had not before. The lawyers pay for similar privileges nearly as much in one year as we have paid in twenty; 35,000 copies of the Pharmacopœia have been sold. Prior to the Medical Council there were three Pharmacopœias, and there were great differences between them, causing great inconvenience. I do not think that the Council is adapted to carry out various duties that have been proposed to be assigned to it. If the principle of direct representation were adopted I do not think the best men would come forward. I do not think it would be wise to create what is called a medical parliament. I do not approve of Clause 5 of the proposed Bill. I do not object to the admission of women. I did so, but I have retired from opposition. There are two bodies in England that admit women—the London University and the Apothecaries' Company. The admission of women, except in those two cases, is dependent on the resolution of the bodies. The Medical Council has always hesitated in accepting the *rôle* of a public prosecutor. We think that criminal offences should be taken up by other authorities—say, the police.

Examined by Dr. PLAYFAIR.

I am aware that a much larger proportion of licentiates take university qualifications in Scotland than in England. If more facilities were given in England for taking university degrees I think the numbers would be altered.

The witness was further examined as to the details of English and Scotch examinations.

Examined by Mr. ARTHUR MILLS.

I think nineteen bodies are too many, but I do not see the necessity of doing away with any of them, as they will be consolidated. Under the conjoint system I think it is desirable that the fees should be as much alike as possible. The introduction of direct representation would, I think, cause most unpleasant contentions and struggles in the profession without any good object being attained. I would submit to the ordeal if it were necessary, but I do not think it is.

Mr. MILLS.—Is that your view of the representative system generally?

Dr. QUAIN.—I am sorry to say I do not think the representative system has improved in recent times by the ordeal it has gone through. The Medical Council is a body between the State and the public, in which the State and the public are chiefly concerned—not the medical bodies.

Mr. MILLS.—Is not the present system like returning a member of Parliament by a town council instead of by the electors?

Dr. QUAIN.—I do not see that at all. You might as well have the Indian Council or the Board of Admiralty elected by universal suffrage. With regard to the question of taxation and representation it is Parliament that has taxed the profession and not the Council. The payment made by the profession is no more a tax than that made by lawyers for their privileges. I think it would be better if the Crown made all the nominations.

Mr. MILLS.—Then you would have a kind of Aulic Council, not a representative body at all?

Dr. QUAIN.—That would be for the benefit of the public. I think the Bill of 1870 came to grief in consequence of agitation organised by the British Medical Association. I think it better that no measure should pass than that the principle of direct representation should be introduced. I believe it would completely change the aims and objects of the Council.

Examined by Mr. ERRINGTON.

I think it would be a great advantage if the Medical Council could initiate proceedings against offending bodies; but that would not do away with the necessity for a conjoint examination. The duties of the Council ought to be limited to education, examination, and registration. If other duties are to be assigned to it it would have to be completely reformed. I think it very important that the corporations should exercise their control over medical men. If affiliation is not enforced I think it will lead to the social degradation of the profession.

Examined by Dr. CAMERON.

I think the admission of foreigners should be through some of the licensing bodies, subject to the approval of the Medical Council. I would dispense with a conjoint examination, but the Council should be satisfied that the foreigners admitted had passed some equivalent examination. I am aware that many persons who get licences in surgery in Ireland and England go to Scotland for a medical degree, which is obtained on the production of certain certificates, after six months' residence.

Examined by Mr. WHEELHOUSE.

The total expenditure of the Medical Council from the commencement has been £109,000. The sum paid originally by those in practice, as provided by the Act, was invested, and still remains so. I have understood that it is less expensive for students to go to Scotland for their diplomas than to get them in England. I believe the least expensive diploma is that of the Apothecaries' Hall in Ireland, which can be obtained for ten shillings. I have a statement showing the number of students registered in Scotland in 1874, and of the number of qualifications granted at the end of four years. It appears that there were 236 more qualifications granted than the number of students registered at the beginning. There must be some inducement for the students to go to Scotland for their qualifications.

Mr. WHEELHOUSE.—Is there any mystery about it?

Dr. QUAIN.—I think you had better ask some of the Scotch members to explain it. (A laugh.)

Examined by Mr. MITCHELL HENRY.

I have no doubt that the profession generally is strongly in favour of a conjoint scheme. If the Scotch licensing bodies agreed amongst themselves I think the whole question would be settled.

Dr. LYONS handed in a paper from the College of Physicians of Ireland, stating the periods of study and other details in connexion with the medical authorities in Ireland, which he said had been prepared in consequence of some observations made at a previous sitting of the committee.

The committee then adjourned to Friday, the 4th inst.

"ADMIRAL BUTCHER" LIFEBOAT. — Surgeon Butcher, of Dublin, having presented a sum of £1000 to provide a lifeboat in memory of his father and brother, one was launched at Tralee Bay last week, in the presence of a large number of spectators. An address was presented to Mr. Butcher thanking him for his generous gift, to which he replied in suitable terms.

THE LANCET.

LONDON: SATURDAY, JULY 5, 1879.

THE evidence of Mr. SIMON, especially that portion of it elicited by the examination of Dr. LUSH and Mr. ARTHUR MILLS, is of the greatest importance, and must be regarded as involving an admission of most of the main points for which medical reformers contend. We have already referred to a great inaccuracy—we might say misrepresentation—on Mr. SIMON'S part. We allude to his statement that the enthusiasm in the profession in favour of "direct representation" which culminated in the memorial of 1869, signed by nearly ten thousand practitioners, was based on an impression that many advantages were expected and sought for by the signatories. It is not complimentary to the profession, of which Mr. SIMON is such an ornament, and in which he is so much and so justly respected, to have it represented that the motives of the memorialists, who numbered half the profession, were of a selfish character. To do Mr. SIMON justice, he displayed uneasiness under the pointed inquiry by Mr. MILLS—whether a body of intelligent and educated men could be supposed to be capable either of being wire-pulled, or moved by considerations so little creditable as those which he suggested. In a body of ten thousand persons there would of course be some whose views were narrower and lower than those of others. But it is only fair to judge the memorialists by the memorial and by the promoters of it. It is to be hoped that the Committee will call on Mr. GAMGEE for some explanation of the views of the promoters. As regards the memorial itself, we can only say that for wisdom and moderation of statement and for dignified demand it will bear a close inspection, and does very great credit to those who drafted it. It would compare favourably with any comparable statement which has emanated from the Medical Council.

There is another part of Mr. SIMON'S evidence which will give much dissatisfaction, but which will have to be viewed in the light of evidence which is to follow. We refer to his mode of speaking of the conditions of graduation in the Scotch universities. He represented the examinations for the Doctorate of these universities as little better than the examinations for the ordinary qualifications, and could see nothing either in them or in the curriculum of study required of graduates to exceed the demands made on candidates for the more ordinary licences to practise. We must leave these representations to be dealt with and disposed of by those gentlemen who are best acquainted with the present conditions of graduation in Scotland. We will only say in the meantime that we think these conditions have received but scant justice at the hands of Mr. SIMON. It is not the least forcible reason for decisive medical legislation that the present state of things involves a tendency in the authorities of one part of the United Kingdom to disparage and suspect the arrangements of the authorities in another part, and to keep up a set of international feelings which are deeply to be regretted. Scotland has done too much for medical education to be greatly disturbed by the insinuations of Mr. SIMON against her terms of graduation. But if she is well advised, she will alter her bearing towards the demand for medical reform. No part of the kingdom has, in our opinion, more to gain and less to fear from any sound legislation for increasing the independence—we would say the respectability—of the examining boards and of the General Medical Council. Her present opposition to medical reform is as injurious to her as it is ill-judged, and gives colour to the representations of those cold critics who know little of her past and present work.

But to come to Mr. SIMON'S admissions. They are so important as to make us more ready to forgive his errors as a witness. Mr. SIMON admits that gentlemen sent to the Medical Council by the corporations and other bodies in Schedule A, must act in the Council with a bias in favour of the bodies sending them, and that, in fact, they are not independent. Dr. LUSH pressed Mr. SIMON further to admit that there must be a collective bias in favour of maintaining all things as they are, in the very nature of the Council, composed as at present. Mr. SIMON admitted there would be such a bias if it were not for the check supplied by the fact of these various bodies—having each "lucrative interests" at stake—meeting in Council. Meeting in Council is much more likely to secure some mutual respect for each others interests than for the interests of the public or the profession.

Next in importance to Mr. SIMON'S admission of the non-independence of the largest section of the members of the Medical Council, is his opinion that the Council may be advantageously reduced by consolidating the representation of the bodies. As the bodies are to be conjoined for examining purposes, he does not see why they should not be joined together for purposes of representation. Neither do we. In the Act of 1858, indeed, many of them were granted a distinct and separate representation for the continuation of which there is now no conceivable excuse. It would be possible to name one body at least in each division of the kingdom whose continued occupation of a seat in the Council has no foundation in reason. We have Mr. SIMON'S high authority for consolidating the representation of bodies. It will be strange if the Committee does not see its way to recommending this, which has always been, in our judgment, an essential point in medical reform. Again, in answer to Mr. MILLS, he admitted that nineteen bodies were too many, though he, with strange inconsistency, refused to admit the objection to continuing their existence in a conjoint form in perpetuity. He allowed that examining bodies depended for their "livelihood" on examination fees, and regretted that it should be so. These are great admissions, and, with the admission that the Council should be charged with power to order, and be held responsible for examining rules and curricula—which we understand both Mr. SIMON and Dr. QUAIN to have made,—will of themselves constitute the basis of a great reform. Both these gentlemen seem to think the very deluge will be repeated if a few representatives of the hard and exacting life of general practice should find their way into the Council. But Mr. SIMON'S objections, and Dr. QUAIN'S too, were singularly weak and unconvincing, and applied rather to methods of election than to the actual presence of such representatives,

which, in our judgment, would strengthen and improve the Council.

ANY person duly registered under the recent Act authorising practitioners in dental surgery must obviously be a "dental surgeon," or, if the inverted form of title be preferred, a "surgeon-dentist." Nothing can possibly be clearer in law and fact than this. And as the Act under which this registration of practitioners is entrusted to the Medical Council distinctly provides that the full privilege it is designed to confer shall extend to persons practising dentistry in connexion with pharmacy at the date of the said Act, it follows that the great majority of chemists and druggists who extracted teeth prior to the close of last session are now legally constituted practitioners under the supervision and guardianship of the Medical Council, and, therefore, it may be added, *medical* practitioners able by the construction of the Act to hold themselves out to the public as dental surgeons or surgeon-dentists. The legal interpretation placed upon the compound title "surgeon-dentist" by the Court of Queen's Bench some years ago is not in the smallest degree affected by the Dental Practitioners Act, except in so far as the judicial view then promulgated derives new strength and force from the circumstance that whereas Parliament has, since the decision to which we refer, been especially petitioned to prohibit the use of the word surgeon, either alone or in combination, except by a fully-qualified medical practitioner, registered under the Medical Act of 1858, the prohibition desired has *not* been incorporated in the new Act. It is useless to blink this fact, and misleading to try to qualify the effect of the law as it stands. There can be no question that nine-tenths of the chemists and druggists, and all the dentists who drew or made teeth at the close of 1878, and every person who will take the pains to procure one of those half-qualifications which are granted in dentistry, may, with the full sanction of the law, commence practice with a title which, judiciously emblazoned on a door-plate, cannot fail to impress the residents in any populous neighbourhood with the belief that the practitioner is a medical man, and properly qualified. It is easy to see how this boon, which leading dentists, many of them members of the medical profession, have won for their specialty, must aid the prescribing druggist in his pursuit of counter-practice. The only difficulty he has now to encounter arises from the fact that as a rule the surgeon-dentist does not visit. Of course he can do so if he please, but it is scarcely in accordance with "custom." The practitioner registered by the Medical Council as a surgeon-dentist will, therefore, probably deem it worth his while to go one step further, and by acquiring a licence in midwifery, to provide himself with the legal right to assume the high-sounding title "*Surgeon-Dentist and Accoucheur.*" With a description so ample the practitioner will be prepared for any contingency. Are we not justified in designating the state of matters to which this position of the law points as legalised quackery?

It is not in the best neighbourhoods, or in London especially, that the evil we are trying to expose is most mischievous to the public or the profession. In the suburban districts, and in many populous localities, particularly in and around the great manufacturing towns, it is practically impossible for the unskilled and busy people who need advice for themselves or their families to distinguish between the qualified and unqualified so far as general medicine is concerned. It is difficult to bring the worst phase of the mischief directly under the cognisance of the Legislature, and from some inexplicable cause the truth does not seem to be self-evident, as it might fairly be expected to be, to thoughtful members of Parliament. The remonstrances which are from time to time addressed to the House of Commons against the legal sanction of quackery would appear to be regarded as the outcome of jealousy and greed. It should be apparent, without the need of argument, that the interests of the community as a whole are injuriously affected by anything and everything that favours misrepresentation. If a law, either by defect or ambiguity, enables the pretended professor of an art so important to public well-being as is that of healing to describe himself so as to mislead the community, it must certainly be wise to amend the statute. If this is not held to be necessary, how came it to pass that the Legislature took the trouble to pass the original Act? Supposing the thing was worth doing, it was worth doing well and effectively. It ought, therefore, to be sufficient for the purposes of Parliamentary enlightenment to point out that the Dental Practitioners Act of 1878 is a delusion and a snare, that it legalises quackery, and, besides burdening an already overworked Medical Council with business in which it has no concern, deludes the public, and plays into the hands of those who are ever on the alert to impose on ignorance or credulity. There is, however, abundant evidence that Parliament will not be moved by any plain statement of the facts, and only one course is open to those who feel an interest in the question. We, accordingly, advise the Association of Surgeons practising Dental Surgery to take the matter seriously in hand, and—avoiding the misconceptions, the divided counsels, and the strange lack of intelligent appreciation of the plain meaning of words, which marred their work and led them so grievously astray, in spite of warning, in 1878—to place the case directly and clearly in evidence before the Select Committee now investigating the Medical Bills. The remedy for all the evils of which we complain is perfectly simple, and should be easy to compass—namely, the introduction of a dozen words somewhere in an Act of Parliament—it matters nothing which or where—to the effect that no person shall take or use the title "Surgeon," alone or in combination with any other word or words, unless he be registered under the Medical Act of 1858, as it stands or may be amended. This would cover everything, and surely it should be a fairly practicable measure of medical reform.

PROFESSOR FRANCIS W. NEWMAN, in the June number of the *Contemporary Review*, has given to the world an article on the "barbarisms of civilisation," which is not the less interesting to the lover of paradoxes because it does not appear very clearly what the Professor means by "civilisation" on the one hand and by "barbarisms" on the other. Although he has recourse to the Irish and the Welsh languages to help him to a meaning of the Latin substratum of the term "civilisation," and would attach to it the notions of fraternity, justness, and courtesy (playing, as it were, upon the older revolutionary shibboleth, "liberty,

equality, and fraternity"), he leaves the meaning he attaches to "barbarism" to be inferred. Indeed, it may be questioned whether he admits any real distinction between barbarism and civilisation, for barbarism, according to the learned Professor, has its progress as well as civilisation, and each has its virtues as well as its vices, and the question really at issue in his mind seems to be the relative proportions of virtues and vices to be included in the two phrases, if some common agreement can be come to as to what constitutes virtue and what vice, which seems problematical.

However, we are to understand, according to Professor NEWMAN, that it is "only in a *spurious* civilisation that barbarity can inhere," and he would seek for the barbarisms which inhere in our particular civilisation in this United Kingdom in our "neglects." Even when thus limited to this small area of the so-called civilised world the search appears almost to appal the Professor from the fertility of the results. But as he proceeds he finds it impossible to separate our inherent barbarisms of omission from our barbarisms of commission, and the following are examples of the sort of neglects he holds to be "barbarisms," and which he would have us ponder over. We (as a people) have omitted before taking action to think out all, even the remotest consequences of our acts, and so have failed to provide, as we ought to have done, against any evil consequences which might arise therefrom. Thus, in illustration of one category of neglects here classed as "barbarisms," our southern paradise, Mauritius, recklessly denuded of its forests, has been converted into a malarious purgatory; thus also we might add has still more denuded Great Britain been deprived of its pristine beauties, and for our woad-bedecked ancestors (who, we presume, may claim to belong to the "fastidious" savages who excite Professor NEWMAN'S admiration), we have the miserable sartorialised, fighting, and otherwise prone-to-destroy (but not, therefore, the less civilised) being of the present day. Thus also, as to another category of neglects, equally classed as "barbarisms," in attempting to remedy some evils we have actually created greater. Have we not by our closed drains, under pretence of removing one evil, simply contrived to distribute it more effectually among a community for harm? Have we not done even worse in making these drains, so far as they were efficient for the removal of filth, the means of carrying that filth into the nearest stream, polluting it irretrievably, and killing all its wealth of fish, to the immeasurable detriment of the food of the poor, if we may rightly look upon fish as food? For here comes another glaring instance of "barbarism" of neglect: have we not proceeded to eat, for the mere purpose of satisfying our own lust of appetite, beasts and birds, to pursue them for pleasure ("sport"), and, worse than all, vivisect them for knowledge (as averred!), without having first exhaustively discussed the moral and social rights of beasts, birds, and fishes in their relations to man, and come to a definite understanding upon the moral aspects generally of the great question of the struggle for existence? Again—and here the matter is one of commission rather than of omission—have we not deliberately given up ourselves generally to have each person's health artificially polluted by vaccination; to have the most cherished womanly instincts of our prostitutes degraded by the Contagious Diseases Acts; and to yield our four-footed domestic companions to the vivisector, with this yielding, legalising a suppression of conscience, and demoralising (not to say diabolising) medical students, our future medical practitioners? Not, indeed, that Professor NEWMAN appears to have much dread on this score; as it is to be inferred that this consummation has already come to pass, if indeed, which seems probable, that lack of conscience, and all the dreadful consequences arising therefrom, are not inseparable from a medical education. For it appears that most of these "barbarisms" which inhere in our present civilisation are particularly apparent in the doings of the medical man, who is chiefly responsible for their promotion and perpetuation; and that Parliament, in regard to them, has suffered itself to be blindly led by "a medical clique"—Parliament itself thus becoming the main source of the "neglects" from which our present barbarisms have sprung.

Professor NEWMAN has been unfortunate in endeavouring to enforce the lesson he would teach from "our *neglects*." He is clearly not happy in his selection of words. The word *neglect* reminds us of the fashion in which another writer, one JOHN SIMON, used it a quarter of a century ago, in dealing with one, and the most novel, of Professor NEWMAN'S "barbarisms." Writing in 1854, SIMON said, "This natural prevalence of sanitary *neglect* is a very grievous fact," and he appeals to educated persons to learn by personal inspection what that neglect is, and having learned to what evils it subjects our labouring population, "to gravely reflect" whether "the Legislature, which his voice helps to constitute, is doing all that might be done to palliate these wrongs; whether it be not a jarring discord in the civilisation we boast of—a worse than pagan savageness in the Christianity we profess—that such things continue, in the midst of us, scandalously neglected; and that the interests of human life, except against wilful violence, are almost uncared for by the law." The reproach here directed against the Legislature has since been largely removed, and Professor NEWMAN'S observations are leveled against the measures by which this removal has been effected, and against medical men and others who have heartily co-operated with the Legislature in bringing about so great a result, and who still co-operate in carrying yet further the necessarily slow work of legislation to this great end. Obviously Professor NEWMAN'S observations do not go to the root of the matter, for this concerns the inherent constitution of man himself. The Legislature, and medicine as represented by the medical practitioner, deal with man and his surroundings as they find him and them, and make the best they can of what may possibly be a very bad, but certainly is a very fractious and offensive, job. This may be deemed a miserably short-sighted policy, and it is unquestionably so troublesome a one that few would be glad not to get rid of it. It seems to us, however, that an essential preliminary to this being achieved is a fundamental change in man. We, on our part, should rejoice in a new and better evolution, even though it brought about the extinction of the science and art of medicine. If Professor NEWMAN will help us to such an evolution, we, at least, shall heartily welcome it.

So many addresses have been given dealing with the personal histories of HARVEY and HUNTER, so many expo-

sitions of the value of their great discoveries, and so many discourses on the methods which they employed have been delivered, that we might almost have supposed that the subjects had been exhausted, and that nothing was left for future orators but a mere reiteration of the thoughts and ideas of their predecessors. But the contemplation of the life of a great scientific man and the history of a great discovery in science fortunately appeal to the minds of thinkers in so many different ways, that the picture brought before us at each anniversary seems altogether new, and fresh fields of thought are opened up for our consideration. In laying stress on scientific investigation, in addition to the treatment of disease, as the daily task of our profession, in vindicating the high calling of men of science, and in showing that elevation of thought, imagination, poetry, and the love of the beautiful belong to them as well as to those who are engaged in literature or art, Dr. WILKS chose a worthy theme, and was especially happy in illustrating it. His eloquent address will strike every reader as a proof in itself of his dictum that not only is the pursuit of science ennobling, but that it also affords the means of cultivating the most poetic and artistic imagination. Investigations into the mysteries and secrets of the material world, if conducted in the proper spirit, lead to no hardness of heart or blunting of the appreciation of the beauties of form, colour, fragrance, and shape; but as the mechanism of their production becomes clear, so the reverence and wonder of the inquirer are increased and his love of nature deepened. Thus earnest scientific research occupies a foremost position as a moral teacher. So little is this understood by philosophers and religious teachers, and so erroneous are the prevailing ideas regarding the pursuits of science, and the feelings with which scientific men are imbued, that we are only too pleased when an able exponent of the lofty aims of science takes an opportunity of stepping aside from his every-day work and of placing before the non-scientific world such a vivid and true picture as is presented in the Harveian Oration. The occasions are so few on which our profession can speak clearly and decisively to the outside public that they should be eagerly embraced; and as long as such speeches are delivered in the spirit and manner of this oration, we shall not regret but warmly welcome the recurrence of these anniversaries.

Annotations.

"Ne quid nimis."

THE WESTMINSTER HOSPITAL OUT-PATIENT DEPARTMENT.

ANYONE visiting the clean and nicely-appointed wards of the Westminster Hospital would little suspect that in the same building were to be found out-patient rooms which cannot be surpassed for darkness, inconvenience, and unsuitableness for their purpose. But such is the case. It is at any time a disadvantage to use the basement of a building as waiting and consulting-rooms, but it is evidenced by more than one metropolitan hospital that this difficulty can be overcome, and that it is not necessary that rooms in the basement should be disgracefully dirty and foul. Only one of the three consulting-rooms has an open fire; the other two and the waiting-rooms are supposed to be heated by steam-pipes, but, as the steam is also used in the kitchen, it will surprise no one to learn that during the winter afternoons it is all consumed there, and the rooms are bitterly cold. But it will surprise any thoughtful person to learn that there is no means of shutting the hot steam off from these pipes during the summer, and that in the hottest weather, and when the rooms are often crowded, the pipes are too hot to touch. There is one "Tobin's tube" in each room, which is quite insufficient to secure thorough ventilation, and we are informed that one door between a visiting and a consulting-room has ceased to be used because of the foul air admitted with each patient. This same waiting-room is so much too small that the women waiting to consult the obstetric physician can often be seen sitting about on the stone passage, and fainting is by no means infrequent. One of the four waiting-rooms has a water-closet in connexion with it, but the only accommodation for the patients of the other three rooms is a urinal and a closet on opposite sides of a narrow passage, no separate provision being made for women. None of the consulting-rooms are provided with small rooms for private examinations or conversations, which are absolutely necessary in any but children's hospitals. The physician's room is the only one that has a covering on the floor, and the only one which has a washing apparatus, the other two rooms having only an open sink. The arrangement for the admission of patients is also very bad. They enter at a special door up to a certain hour, and then they have tickets given them for the various rooms by a porter, who has to decide whether an applicant requires medical, surgical, or obstetric advice. Of course, this leads women to conceal the true nature of their complaints, and sends many with uterine diseases to the general physicians. There is no excuse for this barbarism in a hospital with a school attached, where it would be easy to get one of the senior students to see and apportion all the new cases. When they have received advice and medicine the patients have to leave the hospital by the main door, as the committee of management do not appear to be aware that a simple turnstile would accomplish all that they aim at. There is no limit to the number of new cases admitted, and it is no unusual thing for these to be so numerous that all cannot be seen. But we need say no more to show that there is a very urgent demand for reform in this department. There is space that could be easily and without great expense utilised, and good rooms provided. Sir Rutherford Alcock is the chairman of the board of management of the hospital, and he has lately shown himself interested in out-patient reform. We would strongly urge him to undertake the task which lies ready to his hand, and he will win for himself far more substantial credit than by supporting schemes for the entire remodeling of the present system of hospital out-patient relief.

MEDICAL ATTENDANCE ON THE INDUSTRIAL CLASSES.

IT is a pity that men like Mr. Stansfeld and Sir Charles Trevelyan cannot support one good cause without giving a kick to another. Surely it is possible to advocate the cause of provident dispensaries without saying that the hospitals of London are on the way to ruin, and that good people who subscribe to them have misgivings as to such a use of their money. We protest against such innuendoes. Let these gentlemen boldly attack the hospital system, which is generally represented, and rightly represented, with all its imperfections, as one of the highest results of Christianity and civilisation. A direct attack would call forth a direct defence, and completely vindicate institutions which will be indispensable till we are a hundred years nearer the millennium than we are now, and without which the sick

poor would have just cause of complaint against the rich, and medical education would be irreparably damaged. At this meeting in the Cannon-street Hotel, which calls for so much protest on our part, it was proposed by Sir C. Trevelyan, and seconded by Mr. Eyre, of the Hospital Saturday Fund, "That this meeting approves of the establishment of a Metropolitan Medical Association for the purpose of providing for the ordinary medical treatment of the industrial classes on self-supporting principles." In the course of his speech Sir Charles alluded to the formation of such associations at Scarborough, Derby, Leicester, Birmingham, and other places. Mr. Nelson Hardy proposed to substitute the word "provident" for "self-supporting." But the motion was carried, notwithstanding a demand by the Rev. Brewin Grant for more definite information, which is certainly wanted. As far as our knowledge goes of medical associations of the class referred to, they are famous for getting the greatest amount of medical attendance for the least amount of pay, and it is questionable whether they are for the advantage of the industrial classes or of the profession. If Sir Charles is not a little less hasty in his generalisation and his condemnation of existing arrangements between the profession and the industrial classes he will put things on a worse and inferior basis. Can he not leave the industrial classes and the profession a little more to their own unaided good sense, and release them a little more from the leading strings of even the Charity Organisation Society? Mr. Bowling, chairman of the Birmingham Society, writes to *The Times* complaining that at the meeting referred to, and to which he was invited, he could not get an opportunity of expressing his views. We think this subject is rendered narrow and monotonous by the monopoly of it by three or four persons.

THE MURCHISON MEMORIAL.

WE record elsewhere the resolutions which have been passed at a meeting of the subscribers to this memorial. It will be remembered that at a meeting held at Willis's Rooms it was resolved to establish a Scholarship in Clinical Medicine, to be competed for alternately in the Universities of Edinburgh and London. But a strong feeling has been expressed that the limitation to the University of London would necessarily exclude from the competition all those students who are not candidates for the London degree, for it could hardly be expected that a body constituted as the London University is would institute or administer a separate examination for such a scholarship. The University of Edinburgh is very differently constituted, and as a teaching as well as an examining body, numbering the large majority of Edinburgh students, it may very fitly undertake the task. By throwing open the competition in London to the students of all the London schools of medicine, independently of graduation at any particular university, a much wider field of usefulness will be gained, and far greater encouragement will be given to the study of clinical medicine. If the College of Physicians is willing to undertake the task of examining the candidates, it will be easy to frame such regulations as will give to the scholarship a practical value.

The other proposition, that of amalgamation of the two memorials, is one in which we cordially concur. That some memorial to Murchison's name should be established in St. Thomas's Hospital is not only fitting, but almost necessary. The students, with praiseworthy devotion to their lamented teacher, have already collected between £200 and £300, with the object of erecting a bust or other suitable memorial in the hospital; but, as others than students have contributed to the fund, it has become to some extent a public memorial. Nothing could be less decorous or more calculated to wound the feelings of those who value Dr. Murchison's memory, than that two rival schemes should be appealing for funds to carry out separate objects, each right in itself. To avoid any such rivalry is the desire of the promoters of both schemes, and we do not doubt that such an arrangement as that suggested will greatly tend to the realisation of the common object—that of establishing a fitting monument to the memory of Charles Murchison. We heartily wish success to the project.

VENTILATION AND HEATING OF SCHOOLS.

THE question of the heating and ventilation of schools is of great importance, and one which, we fear, is too much neglected in this country. The usual plan adopted is the use of fireplaces arranged either round the sides of the room or in its centre. In some schools hot air or water pipes are used, and in a few hot air is introduced by pulsion, which sends to the classes an uninterrupted current of heated air. Each system has its advantages, open fireplaces being most suitable for medium-sized class-rooms, hot-air pipes for small studies, whilst the system of heating and ventilating by pulsion is most suitable for large school-rooms ranged on the same floor. Unfortunately very little attention is paid to the suitability of the different systems to the requirements of the building, and so mistakes which are costly to rectify are not unfrequently committed. In a report recently made to the magistrates of Berlin of the arrangements for the heating and ventilating of the schools of that city, the points that the committee consider of most importance are—constancy of temperature and its regular distribution, the power of regulating the temperature in each class-room independently of the others, and the necessity that the hot air introduced should be freed from impurities by previous filtration through water. They believe these points are best secured by a system of central heating by means of a water-heating arrangement in connexion with ventilation by pulsion. The combination of the water-heating arrangement with the system of ventilation by pulsion is absolutely necessary if the class-rooms are widely distributed or on different levels. Nor can too great stress be laid on the efficient filtration of air from particles of dust. The effect of heated air loaded with particles of dust, much of which consists of organic matter in a state of decomposition, driven into the class-rooms at great velocity, is most injurious to the health of teachers and pupils.

PARROT SPEECH.

THE interesting sketch of the "History of my Parrot," which Dr. Wilks contributes to the current number of the *Journal of Mental Science*, deserves a passing notice. The comparative study of the facts of intercommunication amongst men and among animals necessitates the admission that animals possess language; and the mechanism and apparatus for articulate speech, in those animals which possess it, do not differ from those of man. A bird learns to speak by imitation, through the organs of hearing, and in a manner very similar to that in which children learn words and sentences, and the bird speaks on special occasions in consequence of some association or suggestion, "the usual provocative for set speeches at all periods of human life." A new expression, after having been repeatedly uttered before the parrot, is practised by it spontaneously, indefatigably working at the sentence by itself. At first it is only able to get out the first word or two, then more and more until it has the power of uttering the whole. In just the same way a child will learn a French sentence. A sentence is soon lost by the parrot if not frequently uttered, and the last words are lost first; the first words—those most readily acquired—are lost last. Speech of the bird, on any given occasion, is due to suggestion—the presence of the person or object with which the

words were first associated. Of this Dr. Wilks gives several striking instances: as "half-past two" whenever the coachman comes for orders, "go to sleep" when approached after dark, "give me a bit" when dinner appears, and "cheese" when the cheese is put upon the table, a sound like water being poured out whenever a jug of water is brought in. Thus the bird associates words or sounds with objects, and, where the right names have been taught it, may be said to know their names; more, the bird invents names, making a particular sound, which had never been taught, whenever nuts were brought upon the table. The sight of a cat makes the parrot say "mew," as the sight of a train makes a child say "puff, puff." Dr. Wilks concludes by remarking that the differences between animals and children are much slighter than are the explanations which, on the assumption of instinct in the one case and reason in the other, we put upon them, and suggests that the chief difference between man and animals is to be found in the smallness of knowledge of the fine arts possessed by the latter.

THE HON. FRANCIS SCOTT ON COUNTY ASYLUMS.

THE July number of the *Fortnightly Review* contains an article by the Hon. Francis Scott on "English County Asylums." The author condemns the Commissioners in Lunacy severely for their alleged complacent bearing towards the existing system of lunacy treatment. He concludes that "the Lunacy Commission, as at present constituted, is totally inadequate either in number or requirements." There is much that is interesting in Mr. Scott's paper, and it shows considerable industry and skill in dealing with the statistics embodied in the Commissioners' reports; but the author should have been aware that there are other sources of information, from which figures and facts may be derived, although the labour involved in making the selection would necessarily be somewhat great. A wider view of the subject, and the data which lie within reach, might have led Mr. Scott to arrive at conclusions other than those he has promulgated. We have no wish to join issue with him, because his aim is obviously well-intentioned. Meanwhile, we must point out that the evidence that insanity is increasing—in any event at the rate he assumes—is not unquestionable. Nor is it *certain*, as stated in this article, that the Scotch treatment is in all respects superior to the English, or the Commissioners north of the Tweed immaculate in their enterprise, while those in our division of the United Kingdom are characterised by a pleasant mingling of self-love and imbecility. The truth seldom lies in either extreme. There are doubtless reforms which it would be desirable to carry out in regard to the Commission, but we venture to think these should take the form of giving the Board executive powers in place of the mere privilege of suggestion. As it is, however, we believe that nearly all, if not the whole, of what has been done to improve the condition of the insane has been accomplished by the influence of the Commissioners in Lunacy, supported by the public opinion elicited by their reports. The gravamen of the charge against the Commissioners is probably to be found in the somewhat unguarded avowal, considering that the chairman of an asylum committee is the writer, "They never consult the visitors, and in their rounds they rarely see them. They question the doctors, hear their wishes, and adopt these views as their own. Hence much of the useless outlay and retrograde management of the insane." In short, Mr. Scott condemns the Commissioners for their readiness to be advised by the only competent authorities in connexion with asylum business—namely, the doctors, which disposition we take to be one of the main excellences of the Commission. We have already strongly applauded the reserve of the English Board in reference to purely medical matters, and exposed the folly and shortsightedness of the Scotch Board in attempting to play the *rôle* of physicians as well as inspectors: witness the memorable and amusing attempt of the Scotch Commissioners to throw light on the nature of general paralysis of the insane by a statistical inquiry as to the "settlements" of the poor folk labouring under that malady in Scotland! There is nothing to add to the remarks we have already offered on this subject, except that the English Board have done wisely to avoid the very policy Mr. Scott recommends, and would be glad to make obligatory. The logical outcome of the line of argument pursued would seem to be that the Commission should be abolished, and the asylums managed by their own committees under some system of supervision by local, and therefore trammeled if not influenced, inspectors. We, on the contrary, think the protection afforded by the control of visitors who are not directly representatives of a central authority and wholly unconnected with the district in which an asylum is situated, is so insignificant and deceptive that the reliance on any such safeguard of the public interests ought to be finally abandoned.

THE LYMPHATIC HEARTS OF BATRACHIA.

IN a lecture lately delivered at the Collége de France, M. Ranvier described the characters and functions of the lymphatic hearts of the batrachia, which were simultaneously discovered by Müller and Panizza. Lymphatic hearts analogous to those of the batachia exist in reptiles and in a few birds and fishes, but they have been chiefly studied in the frog. In this animal there are four, one being situated at the base of each of the four limbs. Their contractions are very clearly visible, but are quite independent of those of the heart, and even of each other. Unlike the heart, the lymphatic hearts are rendered motionless by curara. Fluids injected into them penetrate into the veins, with which they are therefore in direct and normal continuity. Their interior is smooth, and is lined by a single layer of endothelial cells, with sinuous borders. The muscular elements entering into the walls of the lymphatic hearts can be studied in cases where the injection of osmic acid has been practised. They are then found to be of the striated variety, and to possess a delicate sarcolemma, whilst their surface is studded with small elevations composed of protoplasm, containing two, three, or four large nuclei. They divide and branch and freely decussate with each other; they are well supplied with vessels, which are distributed to these walls, and in this respect differ remarkably from the true heart.

POISONOUS PAPER COLLARS.

IT is, doubtless, in the first instance, as the cause of a local skin disease that paper collars, prepared with arsenic in some form, are deleterious; but when once the cuticle has been removed the toxic effects may become general, because absorption is then very likely to take place, and the whole system may be poisoned. We make no specific allegation on the subject of these collars, but the information which has reached us, and is still being volunteered, is of a nature to render it indispensable to caution the public. No one desires, and nothing we have said or may say on the subject should be held, to reflect on the sellers of articles of dress obtained from the manufacturers, and distributed, without the retail tradesmen being aware of their pernicious properties. Meanwhile it is incumbent on all who manufacture goods for general use to take care that nothing calculated to injure the health of a wearer is contained in them. It is impossible that arsenious acid can be used unwittingly. As a matter of fact, we believe, white

paper is often prepared with this poison, and if it is brought into close contact with any absorptive surface evil consequences may ensue. It is certainly time that the processes of manufacture should be placed under official inspection, if, for the sake of cheapness or to give artificial lustre to their goods, makers will use dangerous dyes and dressings, regardless of everything but their own commercial success.

CONVERSAZIONE AT THE ROYAL COLLEGE OF PHYSICIANS.

IN spite of the counter-attractions of the Royal Botanic Society's *fête* and the *soirée* at the Royal Academy, the *conversazione* held at the Royal College of Physicians on Wednesday (the 2nd inst.) was fairly well attended, although at no time were the rooms inconveniently overcrowded, as has often been the case. The President, Dr. Risdon Bennett, received the guests, amongst whom were the Chinese Ambassador, Sir Thomas Watson, Sir William Gull, Sir Henry Thompson, the Presidents of the College of Surgeons, Royal Medical and Chirurgical Society, and Clinical Society, Drs. West, Russell Reynolds, Wilks, Bristowe, Wilson Fox, Crichton Browne, and Falconer (of Bath), Mr. Lund (of Manchester), &c. There was an excellent display of paintings and drawings, contributed by Messrs. Farquharson, Huish, Stevenson, and Pownall Williams, and Drs. Acland, Beale, Reynolds, Shepherd, and Tilt. Dr. Richardson exhibited his improved sphygmograph, the audiometer invented by Professor Hughes, and a most interesting and appropriate collection of drawings, photographs, and brass-rubbings from Hempstead Church, showing all the surroundings and relics of Harvey's tomb. Amongst the marble and plaster busts exhibited by Messrs. Bruce, Joy, and Bell, was an unfinished bust of the late Prince Imperial by the last-named gentleman. Wax models, showing the recently discovered parasitic disease of salmon, were lent by Mr. Frank Buckland. Great interest was taken in a remarkable series of micro-photographs, arranged as transparencies on a screen, and illustrating the various stages of development of blood-corpuscles, and their ultimate transformations. These were the work of Dr. Norris, who has long been known for his researches into the properties of blood-corpuscles; and his demonstrations of the photographs were listened to with much interest. Recent novelties in scientific and medical apparatus were exhibited by Messrs. Hawksley, Krohne and Sesemann, and Ladd; whilst numerous microscopic preparations were shown by Messrs. Browning, Murray and Heath, and Ross. The evening was passed very pleasantly, and the reunion was in every respect successful.

SEWAGE AND SELF-GOVERNMENT.

EVIDENCE forthcoming as to treatment of sewage is still conflicting and perplexing. Two reports are now before us, one, that of Mr. Hillé, C.E., giving the results of ten years' treatment of sewage in various places by his precipitation process, the results of which, according to the author, have been steadily and invariably favourable, though it will be noticed by all attentive and capable readers that the report (which was presented to the Society of Arts on the 16th of May) is very cautiously worded. The second document has been sent to us as an extract from the *Bucks Herald*, and is a tolerably full report of a meeting of the sanitary authority of the town of Windsor, the members of which have adopted Mr. Hillé's process, and have spent upon it £45,000. We described the works pretty fully in THE LANCET of Nov. 9th last, shortly before they were in full operation. The proceedings of the meeting, as gleaned from the report before us, go to show that, at the end of April, the effluent water discharged into the Thames for three weeks was so bad as to compel the conservators to write to the Windsor authority threatening immediate legal action if the effluent were not speedily altered in character. The results of the analysis, as made and reported on by Mr. Wigner, are certainly very unsatisfactory, and the entire scheme is characterised by some one at Windsor as a gigantic failure.

Having always consistently recommended and supported the "separate system" as carried out by the late Mr. Menzies, deputy-ranger of Windsor Forest and Parks, we may remind the sanitary board of Windsor that they have, as it were, under their very eyes two notable examples of that system—viz., that of the Castle, and of Eton town and College, both of which we described in detail during their construction, and both of which have, since operations were commenced, worked remarkably well. With such examples (as well as Abingdon) in close proximity, and having, too, to deal with a manageable population as to size, it is surprising to us that the Windsor ratepayers did not take a leaf out of the book of their neighbour, and, saving litigation, delays, and lawyers' bills, at once adopt the separate system.

THE METROPOLITAN BOARD OF WORKS.

THE Annual Report of the Metropolitan Board of Works for the year 1878, which has just been issued, although important as an authoritative summary of the work done by the Board during the year, is largely denuded of immediate interest from the fact that the several matters contained in it were sufficiently dealt with at the moment they were before the Board. By the publicity of the Board's proceedings at its ordinary meetings the substance of the annual report is necessarily largely anticipated. Thus, for example, the questions of the state of the Thames, of local sewerage and drainage, of the action of the Board concerning artisans and labourers' dwellings, and of water-supply, are presented in this report six months in arrear of public knowledge of the proceedings of the Board. This, of course, is inevitable when a report is issued six months after the twelvemonth's period to which it refers. The report is drawn up in the barest narrative fashion, and it is difficult to understand why a report dated Dec. 31st, 1878, should not be available for the public until June, 1879.

COLOUR-SIGHT AND COLOUR-BLINDNESS.

AN interesting pamphlet on this important subject has just been published by Dr. Wolfe, of Glasgow, in which he gives the results of the inquiries of a commission formed of himself, Dr. Cumming, and Dr. Pickering. He discusses and, we think, very fairly meets Mr. Gladstone's views in regard to the colour-blindness of Homer. The defect of Homer, he thinks, was amblyopia from Egyptian ophthalmia, which is likely enough. That the human race has not lately developed the sense of colour seems to be demonstrated by the numerous differential terms and indirect references to various colours that appear in the old Greek and Hebrew writings. The results of the Glasgow commission showed that there are in Glasgow 3 per cent. of colour-blind persons, whilst 6·5 per cent. see colours with difficulty. The importance of such statistics cannot be over-estimated, since the safety of the public, both in trains and on ships, depends on the recognition of red and green by the officials. The method of testing colour-blindness employed by the commission consisted in making the subject look at a given portion of the spectrum, name it, and pick out a piece of worsted, from a mixed bundle, of the same tint. It is somewhat remarkable that whilst stringent rules are adopted in all continental countries in regard to the testing of railway officials prior to their engagement, in England alone it is not considered requisite to do more than apply a simple test or two, though it is well known how much is dependent on a correct appreciation of colour.

THE SELECT COMMITTEE ON THE CORONERS BILL, AND MEDICAL MEN.

THE following is said to be a clause of the Coroners' Bill as amended by the Select Committee:—"*Clause 18.* A person shall not be qualified to be a coroner for a county or borough unless at the time of election he is either a barrister in actual practice of not less than five years' standing, or a solicitor of the Supreme Court of Judicature in actual practice of not less than five years' standing, or a barrister or a solicitor of the Supreme Court of Judicature in actual practice who has been in practice for not less than five years, partly as a barrister and partly as a solicitor." The proposal is unique as a piece of effrontery to the profession which has preserved the office of coroner from utter worthlessness.

INQUESTS ON DEATHS FROM SMALL-POX.

A CURIOUS question has arisen in connexion with the Richmond Bridewell (Dublin), as to the holding of inquests on prisoners dead from small-pox. A fatal case of small-pox recently occurred among the persons confined in that prison, and, as provided for when deaths occur among prisoners, a jury was summoned to view the body and make inquiry as to the cause of death. Some of the jury objected to being thus exposed to the danger of the contagion of the disease, urging that if the death had occurred outside the prison no inquest would have been deemed necessary. The law, however, left them no means of escape from their unpleasant, not to say dangerous, duty, and the jury added to their verdict an expression of opinion that "cases of small-pox occurring in city prisons should be promptly removed to a small-pox hospital." It does not appear how the adoption of such a course would obviate the difficulty complained of, but it would surely not be impracticable either to amend the law with reference to inquests on prisoners so as to make it, in cases like the one in question, consonant with the principles of public health legislation as to exposure to infection, or to make such arrangements in prisons that viewing the body of a prisoner dead from infectious disease should not be a source of danger to the jury.

CHOLERA IN INDIA.

WE regret to hear by this week's mail that cholera was still very prevalent in Northern India. At Rawul Pindee the natives were suffering severely. On the 28th of May no less than 104 cases, 50 fatal, were reported in the native city. At Peshawur the cases were fewer and of a less severe type; but sporadic cases were noted at Jhelum, Loodiannah, and Umballa. In the latter cantonment, the 6th Carabineers having had a fatal case, a troop of the regiment had gone into camp. A company of the 63rd, in which a few cases, one fatal, had been admitted, was also placed under canvas. In the Khyber Pass, the 1st battalion 25th Regiment, stationed at Lundi Kotal, had six cases in the week ending 30th May; five of these were fatal. The camp was shifted to fresh ground, and up to the 3rd June no fresh admission from cholera was reported.

OVERCROWDING OF HOUSES.

MR. JOHN LIDDLE, in his last quarterly report, has some observations on the overcrowding of houses, which indicate how slowly our knowledge on this subject influences legislation. Remarking that "we are now paying very dearly both in health and money for the errors of preceding generations, in their having allowed houses to be so closely packed together; we certainly ought not to transmit similar evils to posterity,"—he directs attention to the fact that several cases had occurred in his district (Whitechapel) "of landlords erecting dwelling-houses in the backyards of houses which were formerly occupied by a single family." Notwithstanding the existing legislation which is designed to promote more open spaces within old-settled urban districts, it does not seem that this particular source of crowding houses on a limited area can be efficiently dealt with. "We have power to prevent the overcrowding of rooms," Mr. Liddle observes, "and we certainly ought to have power to prevent the cramming together of houses on sites of insufficient size for the healthy existence of the tenants."

NURSES IN LUNATIC ASYLUMS.

A COMMITTEE of the Stepney District Board recently visited the Middlesex County Lunatic Asylum at Banstead, and reported their entire satisfaction with the general management of the institution and with the condition of the inmates chargeable to the Stepney Union. Exception was, however, taken to one point in the management, which, if the figures quoted by the committee be correct, appears to be fairly open to criticism. It was stated that the upper nurse was on duty from 6 in the morning until 10 at night, and the under nurse from 6 A.M. until 8 P.M. The well-being of inmates of lunatic asylums depends so much upon the efficiency and patience of the nurses that it is of the first importance their endurance should not be overtaxed. We doubt the accuracy of the hours of duty quoted for the nurses in the Banstead Asylum, but doubt on this point should be set at rest.

AFGHANISTAN.

ON the withdrawal of the greater portion of the 1st and 2nd Divisions of the force now occupying Gundamak and Jellalabad, the following will constitute the garrison of the stations on our new frontier line in Afghanistan. At Lundi Kotal, the advanced post, which will become a permanent cantonment, the 11th Battery 9th Brigade Royal Artillery, a squadron of the 10th Bengal Cavalry, the 1–12th and 1–17th Regiments, 24th Bengal Native Infantry, and one company of Native Sappers, will be quartered; officiating Deputy Surgeon-General Hanbury remaining as principal medical officer. Ali Musjid will be held by native troops only—viz., the 39th and 45th N.I.; and during the unhealthy months these corps will be relieved every second month by regiments from Peshawur. Jumrood, the entrance of the Khyber Pass, will be garrisoned by a squadron of the 10th Bengal Cavalry and two companies of Native Infantry from one of the regiments in Peshawur. Dakka will be evacuated altogether on the removal of the commissariat stores; till then the 4th Mountain Battery of Artillery, one squadron of the 10th Bengal Cavalry, and the 27th Punjab Infantry will remain there.

LOCAL SANITARY MALADMINISTRATION.

THE Okehampton (Devon) rural sanitary authority has passed a motion for withdrawing itself from the combination of sanitary districts, formed for the purpose of appointing a common medical officer of health, of which it formed a part. The circumstances under which this occurred are instructive. The motion for the withdrawal was brought forward on the ground of "economy" of the ratepayers' money, especially at a time when the agricultural interest was under a cloud. Many excellent reasons were advanced against this view of the question, and as to its penny-wisdom and pound-foolishness; one of the members of the authority asking "whether they would be satisfied at having worse work done at a smaller expense, or continue under the present system and have the work done better at a little more expense." In the end, however, the motion for withdrawal was carried by a majority of four, fifteen elective guardians voting for it and eleven guardians, one only being elective, the other ten being *ex officio*—indeed, all the *ex officio* guardians,—voting against it. Five

elective guardians, including the chairman, did not vote. Now the arguments against the motion came from the *ex officio* guardians, who, we apprehend, put in an appearance (after the fashion of *ex officio* guardians) for the occasion only. It can scarcely be wondered at, therefore, that their arguments failed to impress the working guardians. This is, indeed, one of those instances of retrogression in sanitary administration arising from a partial exercise of citizenship in local sanitary work.

THE LONDON WATER-SUPPLY.

COLONEL BOLTON, R.E., in his report on the London water-supply for May, gives a somewhat encouraging report on the progress made as to the giving of a constant supply to houses under the provisions of the Metropolis Water Act, 1871. All the companies, it would appear, are moving in the matter, and giving a constant supply in a portion of their districts, except the Southwark and Vauxhall and the Grand Junction Companies. The Act, Colonel Bolton reminds us, provides power to compel the companies to give constant supply as and when the public authorities may see fit to demand it. But no company is compelled to give such constant supply if it can be shown by them that after the expiration of two months from the time of service of the requisition, more than one-fifth of the premises in such district is not provided with the proper fittings in accordance with the regulations made under the above-mentioned Act.

THE HEALTH OF GLASGOW.

IT is very gratifying to learn from the recently published first part of the report by the City Chamberlain on the Vital, Social, and Economical Statistics of Glasgow, that the health of the community has not suffered as the commercial interests have in the year 1878. The mortality has been low, and has so contributed to the natural increase of the population. Though pulmonary disease still achieves the production of its average number of deaths, the number does not grow with the growth of the population. Epidemics have been strikingly mild in their destructive power, excepting whooping-cough. The average mortality from scarlatina for twenty years in Glasgow has been 528; last year it was 193. That from typhus—a serious risk to livers in Glasgow—has been 445; last year it was 50. That from measles 370; last year 205. Small-pox, whose average conquest is over 125, killed last year only three persons. Anti-vaccinators would do well to study the fact that in four years small-pox has caused only 36 deaths in this crowded population of half a million. It would be interesting to know if the mortality from degenerative diseases in Glasgow is showing any decadence comparable to that which we trust is shown in reference to the mortality from zymotic disease.

HOSPITAL ACCOMMODATION IN PARIS.

AT the last sitting of the Municipal Council of Paris one of its members made the astonishing announcement that the hospital accommodation in the city was insufficient, and that at least 3000 more beds should be provided. It is surprising to hear such a statement made so shortly after the opening of the Hôtel Dieu and Ménilmontant. The city is disposed in consequence to make a loan of 220,000,000 f. in order to meet this deficiency, but opinions are divided as to the way the money should be employed. Some propose the construction of new edifices, others simply consider that some of the older hospitals should be repaired, and several of the neglected wards brought into use. M. Lanessan, an "agrégé" of the Faculty and a member of the Municipal Council, is in favour of the scheme for the construction of wooden hospitals outside Paris, though in the immediate vicinity of the fortifications. These hospitals would be so constructed that their cost would not be very high, allowing of their destruction periodically, and the erection of new ones of the same kind whenever the old ones were no longer deemed healthy. It is also proposed to extend the system of domiciliary aid in the way of medicines and food.

EXTRACTION OF BILIARY CALCULI.

A REMARKABLE case has been recorded by Dr. Anger, of Menilmontant, in which a hundred biliary calculi were extracted through the abdominal wall. The patient was a woman, sixty-three years of age. When first seen the abdominal wall was perforated by many fistulous openings in hard red indurated tissue, situated above and below the umbilicus. For thirty years she had suffered frequent attacks of hepatic colic, and in 1874 had an attack of jaundice. In April, 1876, a red painful prominence appeared just above and to the right of the umbilicus, and the swelling spread rapidly over the abdomen and to the right leg. The prominence ultimately burst with a sound like the opening of a champagne bottle, and watery matter, of a fæcal odour, escaped. Soon afterwards small sloughs appeared on the lower part of the abdomen, leaving orifices through which many small biliary calculi passed. With a probe passed in through the highest opening many biliary calculi could be felt about five centimetres from the surface. This orifice was dilated by tents of laminaria, and through it more than a hundred calculi were extracted with dressing forceps. The other fistulous openings were enlarged, alcohol dressings applied, and all slowly healed. The patient's recovery was complete.

DEATH OF DEPUTY SURGEON-GENERAL SMALL.

WE regret to report the death of Deputy Surgeon-General John Small, the principal medical officer at Woolwich. Mr. Small graduated in Edinburgh in 1843, entered the army as an assistant-surgeon in 1845, was promoted surgeon in 1855, and obtained his present rank in September, 1875. He served with distinction in the Kaffir War of 1853-54 (medal), and was principal medical officer at the Mauritius during the severe epidemic of remittent fever which decimated that island in 1869.

Mr. Small had long suffered from symptoms of pulmonary disease, and succumbed to an attack of pneumonia on Wednesday night.

ASYLUM ACCOMMODATION.

THE lunatic asylums are said to be crowded, and the workhouses gradually becoming empty. The equilibrium of want and supply might be readjusted by sending the many aged and infirm persons who have been removed to asylums, to save trouble and expense—although they are not *insane*,—back to the workhouses. It is true that the Government offers a premium of four shillings per head weekly for paupers certified insane, but local authorities would probably find it more economical to forego this reward than to incur the expense of building more asylums while the workhouses remain empty.

YELLOW FEVER IN PORTUGAL.

A TELEGRAM from Madrid, dated 26th June, announces the imposition of a three days' quarantine on all arrivals in Spain from Portugal, in consequence of "the outbreak of yellow fever" in the latter country. This is the first information received in this country of the presence of this formidable malady in Portugal, and it would be premature to conclude from any quarantine notice that such is the case, for it is the habit of both the Spanish and Portuguese authorities to impose quarantine on the strength of unverified rumours of the flimsiest kind.

THE ZULU WAR: MEDICAL REINFORCEMENTS.

A DETACHMENT of fifty non-commissioned officers and men of the Army Hospital Corps, under Lieut. of Orderlies John Horn, are held in readiness to embark for the seat of war as soon as transport has been provided. Surgeon-Major William Skeen, of the Army Medical Department, proceeds in command of the party.

THE SELECT COMMITTEE.

ON Tuesday last the Committee finished the examination of Mr. Simon and Dr. Quain, and Mr. Forster intimated that at their next sitting to-day (Friday) they would take the evidence of Dr. Waters of Chester and Dr. Glover of Highbury.

M. FAIVRE, the eminent Professor of Botany at the Faculty of Sciences of Lyons, died last week after meeting with a most unfortunate accident. He was going early one morning to head a large meeting of students at the railway station, and take them on a botanical excursion into the country, when he was suddenly knocked down by a car at the turning of a street. He never recovered the shock, and died a few days after. M. Faivre was the author of several very interesting researches in botany and in the physiology of insects. He was a strong opponent of Darwin's theory, and published a work on the variability of species and its limits.

WE are asked to publish the following:—At a well-attended meeting of graduates of the University of Brussels, held on Thursday, June 26th, 1879, it was unanimously resolved, "That in the opinion of this meeting it is desirable that a Brussels Medical Graduates' Association be formed, the two principal objects of which shall be to uphold the present status of the University, and to promote the general professional interests of the graduates." Dr. J. Beresford Ryley was elected President of the Association, Dr. Wm. Gayton treasurer, and Dr. F. Ernest Pocock secretary. It was decided that the first ordinary meeting of the Association should be held on Thursday, July 17th.

THE French Society of Hygiene has just opened an establishment where vaccination will be carried on gratis. Lymph from the infant and from the heifer will always be kept on hand, and will be delivered to anyone upon application. The society has the intention of opening some branch establishments of the same kind, and it is to be hoped that this good move on its part will have the result of disseminating the practice of vaccination more thoroughly. Public opinion has of late been drawn to these matters by the epidemic of small-pox which is prevalent in Paris.

WE regret to have to announce the death of Dr. Campbell of Paris, at the comparatively early age of fifty-nine. Dr. Campbell had one of the first obstetrical *clientèles* in the city. He was a pupil of Paul Dubois, and afterwards took the place of his eminent master in the chair of Obstetrics at the Faculty of Medicine. Dr. Campbell was extremely skilful and successful in his practice, and will be sincerely regretted by all his patients, as well as by everyone who had the good fortune to come in contact with him.

THE *Army and Navy Gazette* publishes a copy of a standing order recently issued by Rear-Admiral Wyman, U.S.A., for the guidance of commanding officers of ships stationed in the West Indies. It relates mainly to prophylactic measures as to sunstroke, alcoholism, the cleansing of ships' bilges, suitable clothing, &c., and altogether commends itself to the attention of all interested in promoting health among crews of ships at sea.

THE French Association for the Advancement of Science will meet on August 28th in Montpellier. It will be its eighth session, and, according to all that has been published in connexion with the programme, the meeting will be as brilliant as any of the preceding ones. The President of the Board will be M. Bardoux, the ex-Minister of Public Education, and the Vice-President M. Krantz, the director of the Paris Exhibition of 1878.

DR. JACQUEMIER, an eminent obstetrician of Paris, died a few days ago. He was a member of the French Academy of Medicine and Knight of the Legion of Honour, and had contributed extensively during several years to the *Gazette Hebdomadaire de Médecine et Chirurgie*. He had a large *clientèle*, and was highly esteemed. His Manual of Midwifery is still considered the best of its kind in France.

BY the death of Professor Gubler several changes have been necessitated in the French hospitals. M. Féréol, of Lariboisière, takes the place of the late professor, and his own place will be occupied by M. Descroizilles, who comes from Ste. Perrine. M. Gouraud will be moved from Lourcine to Ste. Perrine, and M. Gugenheim, of the Bureau Central, will fill the vacancy thus formed at the Lourcine.

THE *Graphic* had a happy illustration last week, entitled "Charity 'en Fête.'" The subject was the grand fancy bazaar in aid of the Royal National Hospital for Consumption and Diseases of the Chest at Ventnor, which was held at the Duke of Wellington's Riding School, Knightsbridge, on May 20th, 21st, and 22nd, with good success.

THE last detachment of sick of the Russian Army of Occupation (so-called) was landed at Odessa on June 14th from the cruiser *Petersbourg*. After performing this duty the ship was directed to assist in the removal of the troops still remaining in Bulgaria.

AT the last meeting of the Academy of Medicine, M. Proust was elected a member in the section of Forensic Medicine, with 46 votes, against 33 which were recorded for M. Gallard. M. Proust is the author of a well-known treatise on Hygiene.

THE anniversary session of the St. Andrews Graduates' Association was held at 11, Chandos-street, W., on Wednesday, the 25th inst., and the dinner at the Langham Hotel, Portland-place, Dr. Macintyre, of Odiham, in the chair.

WE are informed that an examination of candidates for commissions in the British Medical Service will be held at the University of London, Burlington-gardens, in August next, the date of which will be announced hereafter.

DR. DAVID BOYES SMITH, Principal of the Medical College, has been appointed President of the Faculty of Medicine in the University of Calcutta for the year 1879–80.

THE OPENING OF THE PARKES MUSEUM.

THE ceremony which took place at Gower-street on Saturday last was one of great interest and of no small importance, and we hope it may be regarded as an earnest of a brilliant future for the useful institution which it inaugurated. The meeting was large and influential, and included illustrious representatives of all classes—peers, legislators, Church dignitaries, architects, engineers, doctors, manufacturers, and philanthropists; and if the various sections of the community which were represented prove willing to bear their share in supporting the Parkes Museum, its permanence in the future is assured. No more fitting person than the

Home Secretary could possibly have been found to preside, for Mr. Cross has shown during his tenure of office that sanitation is a matter which he considers to be of prime importance, and some of his ideas on the subject have taken a practical form in that useful Act of Parliament with which his name has become associated. The object of the museum, as pointed out by Mr. Cross, is to promote the social, physical, and moral health of the people; and he was right in insisting that this was to be brought about as much by attention to matters which are wrongly considered trivial, such as cooking and clothing, as to matters of greater importance, such as town-drainage, water-supply, and the like.

Lord Cranbrook, who supported the Home Secretary, said that he had made a point of attending the meeting mainly to do honour to the man in whose memory the museum was founded. When Secretary of State for War he had become acquainted with the work of Dr. Parkes, and he recognised the fact that he had been one of the greatest benefactors to his country, and although he had listened to warm encomiums on the character of that gentleman, as a man of science, an unselfish philanthropist, and a true friend, he did not believe that any of the statements made were tinctured with one particle of exaggeration. Dr. Parkes had deserved well of his country, and any work which had for its object the increase of the well-being of his poorer and less fortunate fellow subjects would undoubtedly have met with his warmest approval. Lord Cranbrook rightly remarked also that the employment in our towns and houses of elaborate sanitary arrangements, which were often ill-understood by those who erected them, and which, when understood, were often fixed in an unworkmanlike and slovenly manner, increased rather than diminished the risks which we ran. "With the old-fashioned cesspool," said his lordship, "we at least knew what we were about. It had to be emptied, and the worst was known. But with a variety of sanitary appliances, which often merely hide instead of preventing a nuisance, our dangers are certainly increased." The Parkes Museum must lead to a more complete and general understanding of sanitary arrangements, and we are glad to notice that the Executive Committee intend to institute a series of demonstrations under the superintendence of Professor Corfield for the special benefit of plumbers and artisans, who are practically engaged in fixing and erecting our sanitary appliances.

Sir Wm. Jenner, as well as Lord Cranbrook, insisted with some warmth on the fact that ignorance of sanitary matters was by no means limited to the poorer classes, but pervaded the ranks of the wealthy and noble also. Sir William said that it was often his lot to be called upon to go to some palatial residence in the country to visit cases of typhoid fever, and he often found that while thousands had been spent upon gilding, painting, and decorating, the sanitary arrangements had been almost neglected, and that beneath the gorgeous and glittering saloons were often noisome cesspools, breeding disease in its worst forms. Often also the village which lay at the gates of the nobleman's castle was in a deplorable condition, and it was not until the village became a fever den, and generated typhoid which killed the rich man's heir, that he turned his thoughts to the improvement of the cottages of his humble tenants. All this was due to a want of what he might call "a living faith" in the necessity of sanitary precautions. People said they believed, but they did not really believe, or else the thousands which are spent on useless decorations would be devoted to making their lives and the lives of those who were dear to them more secure. It was by no means true, as Horace asserts, that pale death beats with equal foot at the poor man's cabin and the rich man's tower; for the latter, by a judicious expenditure, can assuredly avoid many of the risks which have necessarily to be encountered by the former. It was the work of the Parkes Museum to show how some of the common risks which we run may be most easily avoided.

Cardinal Manning dwelt upon the influence which a knowledge of hygiene might reasonably be expected to have upon the moral well-being of all classes, especially the poor. Whatever tends to make home comfortable and wholesome must tend to foster the domestic virtues, and we might reasonably expect to find, when the masses are well educated, well housed, well clothed, and well fed, that drunkenness and other crimes would diminish. As an institution likely to have a beneficial influence on the moral condition of the people the Parkes Museum was worthy of all support.

Professor Huxley happily suggested that the motto which the Executive Committee should choose was "The people perisheth for lack of knowledge," and this knowledge of things sanitary, which worked evil in so many different ways, the Parkes Museum was well calculated to supply. The trite saying, which was quoted by the Duke of Northumberland—

> "Segnius irritant animos demissa per aurem,
> Quam quæ sunt oculis subjecta fidelibus"—

is one which nobody can gainsay, and there can be no doubt that the best way of teaching what are the aims and objects of the science of hygiene is to collect together the various inventions and contrivances which are the outcome of that science. We know of nothing which is more likely to beget that "living faith" which is so necessary for the growth and spread of practical sanitary improvements. The Parkes Museum has made steady progress up to the present time, and we have every hope that what the committee most want—money—will be forthcoming to enable them to establish it as a great central institution for the instruction of the public. The idea of confining the benefits of the institution to one educational establishment seems, we are glad to say, to be definitely given up. The committee has been strengthened by the addition of four distinguished gentlemen having no connexion with University College, and as soon as sufficient funds are collected to build, or mayhap when some wise philanthropist shall present, a suitable building for the museum, the committee express their readiness to remove their collection from the rooms which they are now temporarily occupying, and thus finally establish the Parkes Museum as an independent institution. We cordially wish them God-speed in the work they have in hand, and as cordially recommend the Parkes Museum to the profession and the public as an institution well worthy of their generous support.

The Museum will henceforth be open to the public on Tuesdays, Thursdays, and Saturdays, from 10 till 2, except during the month of September. We shall deal with the contents of the Museum at a future time.

HEALTH OF LARGE ENGLISH TOWNS

IN THE TWENTY-SIXTH WEEK OF 1879.

DURING last week 5008 births and 2594 deaths were registered in twenty of the largest English towns. The births were 104, and the deaths no fewer than 676, below the average weekly numbers during 1878. The deaths showed a further decrease of 25 from the declining numbers in the sixteen preceding weeks. The annual rate of mortality per 1000 persons living, which in the sixteen previous weeks had declined from 29·1 to 18·5, further fell last week to 18·3, the lowest death-rate in these towns on record. The lowest rates in these towns last week were 12·3 in Nottingham, 12·7 in Portsmouth, 14·3 in Brighton, and 15·0 in Leicester and Oldham. The rates in the other towns ranged upwards to 21·1 in Salford, 22·2 in Liverpool, 23·6 in Wolverhampton, 24·6 in Sunderland, and 24·9 in Newcastle-upon-Tyne. The deaths referred last week to the seven principal zymotic diseases in the twenty towns were 398, and showed an increase of 23 upon those returned in the previous week; they included 104 from measles, 104 from scarlet fever, 75 from whooping-cough, and 37 from fever, principally enteric. The annual death-rate from these diseases averaged 2·8 per 1000 in the twenty towns; it ranged from 1·2 in Bristol, Portsmouth, Leicester, and Norwich, to 3·3 both in Manchester and Bradford. The fatal cases of measles were proportionally most numerous in London and Nottingham; those of scarlet fever in Newcastle-upon-Tyne and Liverpool. Three deaths were referred to fever, probably enteric, in Sheffield; and 2 to diphtheria, both in Birmingham and Oldham. Small-pox caused 10 more deaths in London and its outer ring of suburban districts, but not one in any of the nineteen large provincial towns. During the first six months of this year 361 deaths from small-pox were recorded in London, whereas only 1 fatal case of this disease occurred in the nineteen large provincial towns, which have an estimated aggregate population slightly exceeding that of the metropolis. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 204 and 196 at the end of the

two preceding weeks, were 195 on Saturday last; 41 new cases of small-pox were admitted to these hospitals during last week, against 42 and 35 in the two previous weeks.

THE ROYAL COLLEGE OF SURGEONS.

THE election of four Fellows on the Council of the College of Surgeons was held on the 3rd inst., when the ballot commenced at two o'clock and closed at five. The vacancies were occasioned by the death of Mr. Hilton and by the retirement of Messrs. Spencer Wells (who sought re-election), Le Gros Clark, and Critchett; the six candidates being Messrs. Wells, Barwell, Wood, Bryant, Power, and Hutchinson. The result of the voting was as follows:

Mr. Spencer Wells	139
Mr. John Wood	129
Mr. Hutchinson	129
Mr. Power	126
Mr. Thos. Bryant	97
Mr. Barwell	22

The President declared the first four of the above to be elected. Mr. Power had 19 plumpers, Mr. Hutchinson 15, Mr. Wood 11, Mr. Bryant 9, Mr. Barwell 3, and Mr. Wells 2.

The Fellows voting were fewer than usual, but the attendance from the country was large. A goodly number of specimens which have been added to the Hunterian Museum during the past year were exhibited, and included several sections of the limbs and trunk. The Fellows dined together at the Albion Tavern in the evening, under the presidency of Mr. John Gay.

THE MURCHISON MEMORIAL.

A GENERAL MEETING of subscribers to the Murchison Memorial Scholarship was held at 11, Grafton-street, on June 30th, Dr. Risdon Bennett in the chair, and the following resolutions were unanimously adopted:—

1. That the award of the Murchison Memorial Scholarship in London shall be open to students in all the London medical schools, without reference to graduation at any university.
2. That the Committee be empowered to request the College of Physicians to administer the London scholarship.
3. That in order that there may not be two separate appeals to the public, the London and Edinburgh Murchison Memorial Committee are willing to guarantee to the St. Thomas's Hospital Committee the sum of £300 for a bust or other memorial in connexion with St. Thomas's Hospital, on condition that all subscriptions received by the latter be added to the common Memorial Fund.
4. That the Executive Committee already nominated be empowered to take all steps needful for the carrying out of the purposes of the Memorial.

CHOLERA IN INDIA IN 1879.

(From a Correspondent.)

THE year 1879 already bids fair to obtain an unenviable notoriety in the annals of cholera. Cases have been reported at Simla; Naini Tal, where Surgeon-Major A. R. Kilroy, A.M.D., fell a victim to the disease; at Kasauli, where the 70th lost six men on their march to Subathu. At Cawnpore four cases have occurred in the 2nd-6th, a levy of boys imported last December. At Meerut the 15th Hussars, on their way down from the front, lost eight men out of nineteen. The men had been placed in carriages previously used by Hurdwar pilgrims! At Rawul Pindi there have been nine cases, seven fatal, among Europeans. The *Pioneer* states that from 20,000 to 30,000 hillmen perished from cholera on their way home from the Hurdwar fair. Correspondents in the lay press have consequently urged upon Government the necessity of abolishing these large Indian fairs (*melas*), which become mere foci for the propagation of epidemics. It has also been suggested that pilgrims should be prohibited from visiting the fort at Allahabad during the hot weather months, since, when cholera breaks out at Allahabad, it invariably shows itself first among the European garrison located in the fort.

Surgeon-General Innes, A.M.D., has taken wise precautions with regard to Peshawur, which is always infected in cholera seasons. He has recommended that the whole European garrison should be marched out into the surrounding hills, thus anticipating the dreaded foe.

A correspondent in the *Pioneer* gives a valuable and graphic account of the method of propagation of cholera among the coolies travelling up the river Brahmaputra to Assam, where they are employed on the tea-plantations. The coolies are recruited chiefly from the North-West Provinces, and Oude.

The condition of things, which is stated to have existed for many years past, is one most discreditable to all the officials concerned. He shall speak for himself:—"I shall first describe the facilities on board the steamers for the spread of cholera. The only means of personal ablution on board for the coolies are two tubs, which are placed alongside the latrines. Into these two tubs a few buckets of water are lifted from time to time by one of the crew. These tubs were originally intended, I believe, to afford opportunity for ablution after defecation, but practically they are the only means the coolies have of getting a wash. I have seen a woman washing her baby's clothes at one of these tubs, and forty or fifty coolies scrambling to get a little water out of it, and then, after washing their bodies, rinsing their mouths with the filthy liquid. ..... I have now to refer to the source whence the steamers are affected. The Calcutta depôts are situated in Sealdah and its vicinity—the filthiest part of the town—and outside the range of municipal water. They are, to all outward appearance, models of cleanliness, neatness, and good management. The huts are good, dry, airy, and have ample accommodation. Careful arrangements are made for having the municipal water conveyed in earthen vessels over a distance ranging from half to three-quarters of a mile. The water is stored in excellent iron tanks, provided with good taps, and is reserved exclusively for drinking purposes; but in spite of all precautions it was found, on one occasion at all events, the water-carriers yield to the temptation of taking water from a foul tank close to the depôt. So far, however, everything may be set down to the credit side; how for the other side of the account? The ablution arrangements are nearly as bad as they are on board the steamers. I saw one tank, about fifty yards square, at which hundreds of coolies bathe for weeks in succession. The water had a thick soupy consistence. I also saw a batch of coolies bathing in a hole which is a receptacle of roadside drainage. They bathe, wash their clothes, and, of course, rinse their mouths with the filthy stuff. Remembering that Sealdah is the favourite haunt of cholera in Calcutta, is it, I would ask, with such arrangements for ablution, any matter of wonder that these depôts export weekly consignments of infected coolies, who carry the cholera with them to the uttermost parts of Assam? ..... The crews of the steamers are exempt from cholera." The time-expired coolies returning from Assam scarcely ever suffer from cholera; while coolies in the short passage to Assam—fifteen to eighteen days—as this writer shows, have, for the past sixteen years, had a fearful mortality of 450 per 1000 on the voyage. The same class of coolies sent to the colonies have an annual death-rate of only 100 per 1000 on the voyage (one of three months), including that of infants born on the voyage. A short time since the amount of cholera among the Assam-bound coolies was stated to be due to overfeeding; then a non-labouring prisoner's diet was given instead. Yet still the terrible sickness and mortality continue. The crews of the river steamers rarely suffer from cholera.

Bengal, May, 1879.

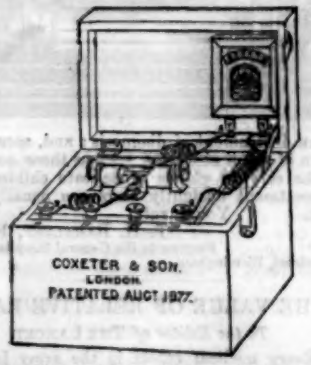
New Inventions.

COXETER'S PATENT CONSTANT CURRENT BATTERY.

MESSRS. COXETER have produced a battery which has many novel points. The element is a modification of the Leclanché element, which consists in the replacing of the carbon by a strip of platinum foil. The Coxeter element possesses all the enduring qualities of the Leclanché, and will remain in action for months at a time, without requiring attention of any kind. It has the advantage of being somewhat lighter and smaller than the Leclanché, and batteries composed of it are consequently more portable. Messrs. Coxeter do not keep their elements distinct from each other, but weld them together, by means of an insulating material. The battery is provided with screw terminals, to which the connexions are made. The thirty-cell battery, which we have examined, has nine screw terminals, numbered + 1, 2, 3, 4, 5, 10, 20, 30, so that almost any number of cells can be brought into circuit as required. The conductors are

FIG. 1.

FIG. 2.



composed of ordinary telegraph-wire, which when screwed to the terminals forms the most perfect connexion obtainable. Messrs. Coxeter have done well in discarding the conductors, which are still sold by many instrument makers, and which waste half the battery-power by their excessive resistance. The battery is furnished with a current-reverser, a rheostat, and a galvanometer, which can be included in the circuit or be excluded from it at pleasure.

The current-reverser is of the well-known barrel pattern, which is certainly the most convenient.

The rheostat is meant to regulate the strength of the current by interposing a resistance in the circuit. If the rheostat were perfect, only two terminals would be necessary to the battery, and a regularly graduated intensity of current, from zero to the maximum, could be obtained, according to the amount of resistance interposed. Good rheostats are very expensive articles, but Messrs. Coxeter, by making a mixture of a conductor with a non-conductor (in powder) have produced a cheap one. It is, however, not quite satisfactory in its action, and it appears to us that the difference in intensity of current when no resistance is employed, and when the minimum amount of resistance is used, is infinitely greater than between the minimum and maximum resistances.

The rheostat can be inserted in the battery itself, or into the handle of a rheophore, so that the manipulator, by sliding a button backwards and forwards, can regulate the intensity of the current employed. This is an ingenious notion, and Messrs. Coxeter are certainly on the right track in trying to simplify the construction of batteries by substituting a graduated resistance for the very complicated regulators hitherto in vogue. At present, however, their success in this direction is but partial.

The battery has a galvanometer, which might, we think, be as well omitted. Those who are content with a simple battery, furnished merely with screw terminals, by which to regulate the strength employed, will, we believe, find Coxeter's instrument to be durable, efficient, and most portable.

Fig. 1 represents the sponge-holder and rheostat combined. Fig. 2 gives a general idea of the appearance of the battery.

Correspondence.

"Audi alteram partem."

A TWENTIETH LICENCE TO PRACTISE MEDICINE.

To the Editor of THE LANCET.

SIR,—If there is one subject of medical politics on which most men are agreed, it is in regretting that the number of medical licensing bodies in this country is so large as it is—no less than nineteen. Yet it would appear, from the announcement which was made by the Government in both Houses of Parliament last night, that they intend to grant a charter to Owens College, Manchester. We are threatened with a twentieth medical licensing body.

Do the medical profession think this desirable, or are they so indifferent about the whole thing as to allow this new licence to be established merely from absence of opposition?

The arguments and considerations which have induced the Government and others to support the scheme of a new university have been those which refer to literary and scientific teaching. Politicians and literary men know little or nothing of the reasons for or against establishing new degrees in medicine. It is because Owens College is a well-equipped and successful literary and scientific corporation that they consider it has earned the right to examine and grant degrees in arts and science. But it seems probable that the affiliated School of Medicine in Manchester, by reason of its association with Owens College, is also to be elevated into the dignified position of a University Faculty of Medicine, with the right to create doctors and bachelors of medicine. What are the qualifications of the Manchester Medical School for this high eminence; and why are we to have a twentieth medical licensing corporation?

Of course, the terms of the charter are not yet made public, but it is generally understood that the Owens College authorities intend to require residence in Manchester, at least for a time, as a condition of their degree. Their University is not to be on the plan of the London University—open to all, though possibly less severe in its requirements. They claim to be a teaching as well as an examining body, of the type of Oxford or Cambridge or of the Scotch universities.

Now has the Manchester School of Medicine shown itself to be such an efficient and successful teaching body as to entitle it to this elevation above all other London and provincial medical schools? Do its students take a high stand at the London University examinations? Does Manchester figure well in the lists of the examinations at the College of Surgeons? What are the facts? At the last primary examination of the College of Surgeons, 22 out of 33 of their men were rejected.

Surely the matter is deserving of some consideration on the part of the Medical Council and the medical profession, and we ought not to have a twentieth medical licensing body set up without our knowing the reason why.

I am, Sir, yours, &c.,

July 1st, 1879. A MEDICAL TEACHER.

ANNUITIES FOR WIDOWS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—Will you permit me here to acknowledge the receipt of letters from a very large number of your subscribers, and to thank them not only for cordial encouragement and many practical suggestions, but for the copies of rules and other useful enclosures which they have sent in answer to my last letter in your columns.

On carefully considering the whole subject, I frankly confess that it seems to me inadvisable to guarantee a fixed annuity, and thus, as you very properly remark in your editorial note, enter on the business of life assurance.

I therefore propose the following scheme, which has the advantages of being extremely easy to conduct, of incurring no liability or risk to anyone, of requiring no periodical valuations to see that the funds are sufficient, and of placing every succeeding generation of beneficiaries in a better position than the former.

The general outlines are these:—(1) Members (registered practitioners in the United Kingdom) to pay an entrance fee varying from £25 to £50, and an annual subscription varying from £5 to £10, according to age on admission. (2) All entrance fees to be invested in the names of the trustees, and to form the capital fund. (3) The interest of the capital fund, together with the annual subscriptions, to form the annual revenue. (4) The annual revenue to be divided half yearly among the annuitants. (5) The annuitants to be the widow, and, where there is no widow, the family, until the youngest child is fourteen, of every member who was a subscriber at the time of his death. (6) Should the dividend exceed £25 in any half year during the first ten years the surplus to be carried forward to the revenue account of the next half year. (7) The committee of management to fix the dividend before the close of each half year.

Supposing, for the sake of example, 200 members join and pay an average entrance of £40 each, this will give a capital account of £8000, which invested at 4 per cent. yields £320 a year. Add to this an average annual subscription of £7 10*s*., and the revenue will be £1820, to be divided among the annuitants of the first year. But as there cannot well be thirty-six annuitants in the first year, the balance over and above the £50 to each will go to help the time when the number is greater. Each fresh member, however, increases the capital account, and by the time that the second 200 members have been admitted, the capital will amount to £16,000 instead of £8000, and as time goes on the annuities must steadily increase.

I am aware that this scheme is not strictly scientific from an actuary's point of view, but that is a small matter if it be simple and useful, and if it can be carried out without trouble by men who have as a profession little time for intricate calculations and elaborate accounts.

Many of those gentlemen who have written to me express a very strong opinion that to be complete a sick fund ought to be combined, which would pay for a locum tenens and help to make up for the inevitable loss which illness entails upon all. This can easily be done, and the fund enrolled under the Friendly Societies Act. The rate of subscription, taking the most successful societies' tables as a guide, would be every half-year £2 5*s*. entering at the age of twenty-five, £3 at the age of thirty-five, and £4 at the age of forty-five; securing £3 a week for the first year, 30*s*. a week during the next year, and 15*s*. a week during any sickness continuing longer than two years. If the above half-yearly subscriptions be increased to £3 at twenty-five, £4 at thirty-five, and £5 10*s*. at forty-five respectively, they would then, in addition, secure a payment for funeral expenses of £60 on the death of a member, or £30 on the death of his wife.

It is highly improbable that medical men would claim sick pay, as ordinary club members do, for every trivial ailment; and therefore experience may prove that larger benefits than those indicated may safely be conferred.

I shall still be glad to receive the names of those interested, and any practical suggestions or remarks.—I am, Sir, &c.,

CHARLES R. STRATON.

West Lodge, Wilton, Salisbury, June, 1879.

To the Editor of THE LANCET.

SIR,—It must give to many in our profession a feeling of satisfaction and relief to notice that a project is being formed for establishing a fund for the widows of medical men, a project all-worthy of commendation and support, placing as it will do the recipients in a much more secure and independent position, and which, as far as I am aware, appears to be analogous to the Schoolmasters' Widows' Fund in Scotland. But, seeing the scheme is as yet in its embryonic stage, may I draw the attention of my medical friends to the propriety, and in many instances great necessity, of maturing and extending the scheme in such a manner as to render annuities purchasable not only by widows, but also by every qualified member of the profession. If such a change were effected, it would, I think, induce some members to join whose prospects are not altogether favourable in every direction.

I am, Sir, your obedient servant,

Paisley, June 23rd, 1879. S. W.

NEW MINIATURE ASPIRATOR FOR FACIAL AND SUPERFICIAL ABSCESSES.

To the Editor of THE LANCET.

SIR,—I have long wanted a small aspirator for opening small abscesses in situations where it is important to avoid a scar. Such an instrument has been made by Messrs. Salt and Son, of Birmingham, and I am sure that it will be found convenient, firstly, in cases where the aspirator is

used as an instrument of diagnosis; and, secondly, in the evacuation of small abscesses, such as those so often occurring on the cervical glands of delicate children. By this plan of treatment unsightly scars can usually be entirely prevented. Yours truly,

T. H. BARTLEET, F.R.C.S.,
Surgeon to the General Hospital, Birmingham.

Newhall-street, Birmingham.

THE VALUE OF RELATIVE RANK.

To the Editor of THE LANCET.

SIR,—Every medical officer in the army in India will observe with pleasure that Major-General Biddulph, in his list of officers who have specially earned his thanks for good service in the Kandahar column, places the medical officer so named in his due place to which his relative rank entitles him amongst the other officers of the force, and not, as is so constantly the case, at the tail end of everybody. If relative rank has any value at all, the officers possessing it should be placed in all nominal rolls according to that rank. But this is quite ignored as a rule. Look, for example, at any circular or list sent round in cantonments. First comes the colonel, or general officer commanding. Amongst the lieutenant-colonels you will find, perhaps, the commissariat officer, or the judge-advocate general. Amongst the majors you will find the paymaster of the English battalion in garrison. Amongst the captains you will find, perhaps, a commissary of ordnance, or a junior commissariat officer. Amongst the subalterns you will see barrack-masters, and other officers with the same honorary rank. Then, at the end of all, you will find the doctors. Now this is unfair. If relative rank means anything, we ought to be placed according to that rank, and we all object to anything tending to deprive us of rights granted by the Sovereign. But these things are done every day, and the result is that our prestige is shaken, and no man with a spark of independent feeling but regrets the day he entered the service.

If pay alone satisfied us we would all be perfectly content; but who is satisfied if his position or status is daily

ignored or only obtained after a wretched struggle? Better to have no rank at all than this absurd relative rank system of ours. We look abroad to other lands, and we see in America, in Italy, in Turkey, and other countries, army medical officers fully recognised as military officers, enjoying clear military rank, not classed as non-combatants; and if they have achieved this position, we in England can do the same. No reason whatever exists why our rank, now "relative," should not be made "honorary," carrying with it its clear military title, prefixed if necessary by the word "Surgeon." If "Surgeon-Major" is used, why not "Surgeon-Captain" or "Surgeon-Lieutenant"? It would save much confusion.

Yours, &c.,

May, 1879. T. V. R. C.

EXAMINING FEES AT GLASGOW.

To the Editor of THE LANCET.

SIR,—In your report of the evidence of Dr. Acland before the Select Committee of the House of Commons, he is said to have answered, when interrogated by Mr. Wheelhouse, "I have heard it stated that the examining fees in Scotland, at Glasgow especially, are much less than at some other examining bodies."

Permit me to say, in reference to this evidence, that the examining fees in Glasgow are exactly the same as those charged at the other boards in Scotland.

I am, Sir, yours obediently,

ALEXANDER DUNCAN, Secretary.

Faculty of Physicians and Surgeons, Glasgow,
July 1st, 1879.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF LORDS.

Monday, June 30th.

THE VICTORIA UNIVERSITY.

Lord WINMARLEIGH asked whether Her Majesty's Government had decided on the advice which should be given to Her Majesty with regard to the institution of a new university in accordance with a petition recently presented to Her Majesty.

The Duke of RICHMOND and GORDON.—A petition has been presented to the Queen in Council, praying Her Majesty to be graciously pleased to grant a charter to a Northern University, to be called the Victoria University, and Her Majesty has been advised to grant the prayer. (Cheers.)

HOUSE OF COMMONS.

Monday, June 30th.

INFANT MORTALITY.

Mr. A. MILLS asked the Secretary of State for the Home Department whether he had received a memorial from the guardians of the poor in the city of Exeter, calling his attention to the increase of infant mortality there; and whether it would be possible to amend the Infant Life Protection Act, 1872, and the Registration Act, 1874, so as to bring foster-mothers who had charge of one infant only, and all persons who may procure the burial of stillborn children without obtaining a medical certificate, within the provisions of these statutes.

Mr. CROSS said that the memorial had been received, and he had consulted the Local Government Board on the subject. He was told that in their opinion neither of the suggestions of the guardians was practicable. Each of those suggestions had been considered and rejected at the time when the Bills relating to them respectively were passing through Parliament. He might, however, add that he had issued a circular to the different local authorities and members of the police force requesting that the provisions of the Act for the protection of infant life should be properly put in force.

A FINE and life-like portrait of the late Mr. John Hilton has just been presented by his widow to the Council of the Royal College of Surgeons. It is by Mr. Herbert Barraud, and is a great success. By permission of the President it is now on view.

Medical News.

UNIVERSITY OF DURHAM. — The following candidates, having satisfactorily undergone the necessary examinations on June 16th, 17th, 18th, and 19th, had their respective degrees conferred upon them at a convocation held on June 24th:—

DEGREE OF M.D. (for Practitioners of fifteen years' standing).
Travers, William, M.R.C.P., F.R.C.S.

DEGREE OF M.B.
Bowman, Hugh T.
Crick, Samuel A., M.R.C.S., L.S.A.
Dodd, John Richard.
Green, Charles, M.R.C.S., L.S.A.
Ryan, Jos. M., L.R.C.S., L.A.H.
Trewman, George T., M.R.C.S., L.S.A.
Tyson, William Jos., F.R.C.S., L.R.C.P.
Willis, Charles F., M.R.C.S., L.R.C.P.
Woodman, William E., M.R.C.S., L.S.A.

DEGREE OF M.S.
Bowman, Hugh T.
Crick, Samuel A., M.R.C.S., L.S.A.

Two candidates failed to satisfy the Examiners.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 26th:—

Scale, Thomas William, Aberdare.
Sutcliffe, Joseph, Larkhall-lane.

The following gentlemen on the same day passed the Primary Professional Examination:—

William Morris and Frederick John Wheeler, King's College.

At the recent examination for the Prizes in Botany annually given by the Society of Apothecaries the successful candidates were—

First.—Robert Henry S. Spicer, St. Mary's Hospital.
Second.—Sidney Harris Cox Martin, University College.

ROYAL COLLEGE OF SURGEONS IN IRELAND. — At examinations held on the 26th and 27th ult. the undermentioned gentleman was admitted a Fellow of the College:

George Paul Minchin Woodward.

UNIVERSITY OF DUBLIN. — The following degrees were conferred on the 25th ult.:—

DOCTOR IN MEDICINE. — Edward Joseph Latham Blacker, William Fetherstone H. Lambert, Joseph Lister (*honoris causâ*), Gilbert Richardson, Samuel Warren, Charles Rolleston Woods, Thos. Blair Worthington.

BACHELOR IN MEDICINE.—John Battersby, Fitzgerald Blood, Abraham Cohen, John Singleton Darling Darling, Hy. Grey Edwards, Arthur Richard Frederick Exham, John Charles Hogan, William Stewart Lecky, John Auchinleck Mac Munn, Andrew Murray, Joseph Dallas Pratt, Gilbert Richardson, Crosdaile Miller Thompson, Frederick William Warren, John Williams.

BACHELOR IN SURGERY. — John Battersby, Frederick Charles Berry, Fitzgerald Blood, Henry Grey Edwards, Arthur Richard Frederick Exham, John Charles Hogan, William Stewart Lecky, Benjamin Thomas M'Creery, John Auchinleck Mac Munn, Abraham Malley, Thomas Tilly Moore, Andrew Murray, Thos Orde Smith, Crosdaile Miller Thompson.

DR. JOHN WILSON ELLIOTT, of Grange, Moy Deputy Inspector-General, R.N. (retired), has been placed on the commission of the peace for the county Tyrone.

THE town of Wigan is about to spend £60,000 in constructing a system of sewers, to convey the sewage through pipes to a farm at Newburgh, a distance of seven miles. The works were commenced last week.

VACCINATION GRANTS.—Mr. T. H. Tidswell, of the Morecambe district, Lancaster Union, and Mr. William Sheppard, of Ashford, Kent, have received gratuities for efficient vaccination.

ADELAIDE HOSPITAL, DUBLIN.—The twenty-first annual meeting of the friends of this hospital was held last week, presided over by Lord James Butler. Considerable progress has been made in the new additions, the fever hospital has been completed, and a limited number of beds have been set apart for fever patients who can defray the cost of their maintenance. A convenient mortuary building was found indispensable, and has been finished at a cost of £300, of which sum the medical officers contributed £100. The committee, in their report, refer to the financial loss which the hospital sustained by the dishonesty of the late registrar, who absconded, leaving a deficiency in his accounts of £735, of which sum £535 falls on the hospital, the remainder being covered by a guarantee society.

AT a meeting of owners and ratepayers, at the Town Hall, Herne Bay, to take into consideration a communication from the Local Government Board, it was resolved: "That it is the opinion of this meeting that the repeal of the Local Act, and the adoption of the Public Health Act, 1875, would be beneficial to the town of Herne Bay, and that the Commissioners are, by this resolution, requested to take such steps to carry out the suggestions of the Local Government Board—viz., repeal the Local Act, adopt the Public Health Act, 1875, and increase the boundaries of the town, as they may deem advisable."

AT the annual meeting of the members of the Medical Defence Association, held at the rooms of the Medical Society of London on Monday last, the following officers were elected for the ensuing twelve months, viz.:—President, Dr. B. W. Richardson, F.R.S. Hon. Treasurer, Mr. W. Spencer Watson. Hon. Secretary, Mr. George Brown. Solicitors, Messrs. Green and Pridham. Members of Council: Mr. H. Adcock, Mr. F. Alderson, Mr. John Borland, Dr. H. Cuolahan, Mr. Thomas Cooke, Mr. H. Dyte, Dr. J. Dixon, Mr. R. T. Daniell, Mr. W. B. Hemming, Mr. Douglas Hemming, Dr. B. Kelly, Dr. W. Beech Johnston, Mr. C. P. Langford, Mr. Wood Hill, Mr. J. Wallis Mason, Dr. Charles Royston, Mr. Walter Smith, Dr. James Stevenson, Dr. G. Danford Thomas, and Dr. H. W. Williams.

TYPHOID FEVER AMONG PIGS.—At a special meeting of the committee under the Contagious Diseases (Animals) Act, held at Long Ashton Session Court a few days since, under the presidency of Sir Arthur Elton, the inspector reported two fresh outbreaks of typhoid fever among pigs in that district, where it has now been existing for a fortnight. The new outbreaks were on the farms of Mr. Marshall, at Felton Winford, Somersetshire, and Mr. George Yeates, Barrow Gurney. On Mr. Marshall's farm seven pigs were affected, and there were three cases on the farm of Mr. Yeates. The committee made an order for the pigs to be slaughtered. The pigs of Mr. Marshall were first bought in the Bristol market by a Somersetshire man, who sold them to a dealer, from whom they passed into the hands of Mr. Marshall.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Mr. Joseph Watmuff, of Brighton, bequeathed £1000 to the Leicester Infirmary, and £50 to the Sussex County Hospital. The Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, has received £500 under the will of Mr. John Innes Peacock. The Boston Cottage Hospital has become entitled to £200, under the will of Mr. John Oldrid. Mrs. Russell, of Kirkland, bequeathed £150 each to the Royal Infirmary, the Western Infirmary, and the Association for the Relief of Incurables, Glasgow. Miss Maria Larkin has bequeathed £100 each to St. Vincent's and the Mater Misericordiæ Hospitals. Mr. James Hennessey has left £50 to St. Vincent's, £50 to the Adelaide, and £50 to the Mater Misericordiæ Hospital, Dublin.

Medical Appointments.

ATKIN, J., L.K.Q.C.P.I. & L.M., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Oldcastle, co. Meath.

BROUGHTON, H. T., M.R.C.S.E. & L.M., L.S.A.L., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

CLIFFINGDALE, S. D., M.B., C.M., has been appointed Resident Medical Officer to the Kensington Dispensary.

COATES, W. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 1 District of the Tonbridge Union, vice Monckton, resigned.

COOMBS, S. W., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Claines District of the Droitwich Union, vice Jackson, resigned.

CORBETT, M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Buttevant Dispensary District of the Mallow Union, co. Cork, at £120 per annum and fees, and £12 10s. per annum as Medical Officer of Health, vice Walsh, deceased.

DONOVAN, W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Whitwick Urban Sanitary District, Leicestershire, at £30 for one year, vice Joyce, whose appointment has expired.

EWBANK, F., M.R.C.S.E., L.S.A.L., has been appointed an Assistant Dental Surgeon to St. Bartholomew's Hospital.

HARRISON, A., M.R.C.S.E., L.R.C.P.Ed., has been appointed House-Surgeon to the Stockport Infirmary, vice Newton, resigned.

HEPBURN, Mr. W. J., has been appointed Surgeon to the Meath Hospital, Dublin, vice White, deceased.

HINCHLIFFE, M., M.D., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

HOLMES, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Medical Officer to the Barrington Hospital and City of Limerick Infirmary, vice Carey, resigned.

HOPE, E. W., M.B., C.M., L.R.C.P.L., has been appointed Physician's Assistant to the Bristol General Hospital, vice Brock, resigned.

KNOTT, J. P., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Blisworth, Northamptonshire.

LYONS, I. I., M.R.C.S.E. & L.D.S., has been appointed an Assistant Dental Surgeon to St. Bartholomew's Hospital.

MAGNER, E., M.D., C.M., has been appointed Medical Officer, Public Vaccinator, &c., for the Coureeya Dispensary District of the Kinsale Union, at £100 per annum and fees, and £15 per annum as Medical Officer of Health, vice Hegarty, deceased.

MOORE, T., F.R.C.S.E., L.R.C.P.L., Sanit. Sc. Cert. Cantab., has been appointed Medical Officer of Health for the Petersfield Rural Sanitary District, at £73 10s. per annum for three years, vice the Poor-law District Medical Officers whose appointments have expired.

O'KELLY, T. E., L.R.C.P.Ed., L.R.C.S.I., has been appointed Resident Medical Officer to Maynooth College, vice E. T. O'Kelly, M.D., C.M., deceased.

O'ROURKE, C. T. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Attendant to the Royal Irish Constabulary, Ballinrobe.

PARKS, C. H., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the St. Columb Major Rural Sanitary District, Cornwall, at £75 for one year.

PARRY, Mr. J., has been appointed Public Analyst for the Borough of Penryn, at 40s. per annum and 10s. 6d. per analysis.

PUDDICOMBE, E. M., M.R.C.S.E., has been appointed Medical Officer for the Thorverton District of the Tiverton Union, vice Hill, resigned.

REAN, W. H., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer, Public Vaccinator, and Medical Officer of Health for the Beer Ferris District of the Tavistock Union.

ROSS, D. McKissock, M.B., has been appointed Honorary Physician-in-Ordinary to the Brighton and Hove Dispensary, vice Rutter, resigned.

SHIVES, J., M.D., L.R.C.S.Ed., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

STOCKWELL, F., M.D., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Bruton District of the Wincanton Union, vice Heginbothom, deceased.

SYKES, J., L.R.C.P.L., F.R.C.S.E., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

WATTS, W. F., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

WILLIAMS, W. H., L.R.C.P.L., M.R.C.S.E., L.S.A.L., has been appointed Public Vaccinator for the Southern District of the Sherborne Union, vice Turner, resigned.

WOODS, J., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 4 District of the Petersfield Union, for one year, vice Hird, deceased.

Births, Marriages, and Deaths.

BIRTHS.

BURNIE.—On the 28th ult., at Mansfield-road, Nottingham, the wife of Thomas Burnie, L.R.C.P.Ed., of a daughter.

CHISHOLM.—On the 24th ult., at Radcliffe, near Manchester, the wife of Kenneth Mackenzie Chisholm, L.R.C.P.Ed., of a daughter.

DIGGES.—On the 28th ult., at Strand-road, Sandymount, Dublin, the wife of William Henry Digges, L.R.C.P.Ed., of a son.

FENN.—On the 23rd ult., at Diss, the wife of Charles Draper Fenn, M.R.C.S.E., of a son.

GIBSON.—On the 1st inst., at Stanley House, Blackstock-road, Finsbury-park, N., the wife of Dr. J. C. Gibson, of a son.

HAYNES.—On the 17th ult., at Leamington, the wife of F. H. Haynes, M.D. Lond., of a daughter.

MORIER.—On the 16th May, at Woodlawn House, Morphett-vale, Adelaide, the wife of W. J. Morier, M.D., of a son.

MARRIAGES.

ALFORD—GRIFFIN.—On the 24th ult., at St. Catherine's Church, Gloucester, by the Rev. J. Mayne, Charles Edward Alford, M.R.C.S.E. & L.S.A.L., of Crewkerne, Somerset, to Ann Mary (Minnie), daughter of the late T. R. Griffin, of Haverstock-hill, London.

LOVETT-THOMAS—HIGGINS.—On the 25th ult., at St. Peter's Church, Peel, Isle of Man, by the Rev. Henry Dening, assisted by the Rev. John Corlett, Government Chaplain, Lewis Henry Lovett-Thomas, Indian Police Force, only surviving son of the Rev. Lewis F. Thomas, M.A. Cantab., and grandson of the late General Lewis Thomas, C.B., to Marion Gilgrest (Minnie), eldest daughter of Henry Higgins, L.R.C.P., M.R.C.S., of Peel, Isle of Man.

DEATHS.

ABERCROMBY.—On the 17th ult., at Putney, John J. M. Abercromby, L.R.C.S.Ed.

DUNCAN.—On the 16th May, at Durban, Natal, Alexander Shuter Duncan, M.D.

NICHOLSON.—On the 21st ult., at Worcester, John Nicholson, M.R.C.S.E., aged 40.

PROFFITT.—On the 28th ult., at Burton-on-Trent, of puerperal convulsions, Jane Elizabeth, the beloved wife of William J. W. Proffitt, L.R.C.P., M.R.C.S., aged 24.

ROCHE.—On the 24th ult., at Hatch-street, Dublin, George Roche, M.D., aged 76.

N.B.—A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.

Notes, Short Comments, and Answers to Correspondents.

THE RUSSIAN RED-CROSS SOCIETY.

THE Russian Red-Cross Society is devoting its energies to giving relief to the communities in various parts of Russia which are suffering from the recent incendiary fires. Thus in Orenboorg the Society, among other modes of action, is rebuilding houses which have been destroyed. Early in June it is reported that 125 houses of wood and thirty of stone had been reconstructed under the initiative of the Society's delegate. The iron, brick, and stone were furnished at the cost of the Society. Each of these reconstructed houses is decorated with a red cross. Aforetime the *red cross* affixed to a house was the special sign of the infection of plague within it. Let us hope that this newer use of the symbol, notwithstanding the late presence of plague on the Lower Volga, is the beginning of a use which will have happier memories attached to it.

Assistant House-Surgeon.—The subject shall receive attention next week.

SERIOUS ERRORS IN MEDICAL REGISTRATION.

To the Editor of THE LANCET.

SIR,—Now that the operations of the Medical Council are being investigated before a Committee of the House of Commons, it may not be uninteresting to the medical profession and all concerned in medical registration to be made acquainted with the way in which matters are conducted at 315, Oxford-street. But I must first premise for their information that part of the 14th Section of the Medical Act for 1858 runs thus: "And to enable the respective registrars duly to fulfil the duties imposed upon them, it shall be lawful for the registrar to write a letter to any registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter, it shall be lawful to erase the name of such person from the Register, provided always that the same may be restored by direction of the Medical Council, should they think fit to make an order to that effect."

Now, I registered in 1858, as soon as the Council was formed. The fee was then two guineas. I have never been honoured with a copy of the Act or the 14th Section, which especially appertains to registration, its obligations and penalties, nor of the bye-laws, if any; and my partner, Dr. C. Chittenden, and myself, were entirely ignorant of those penalties and obligations until last week, when Dr. C. Chittenden was refused vaccine lymph, on the grounds that his name had been erased from the Register, and upon demanding the reason why from the registrar, was informed that such was the case, and was referred in the printed notice to Section 14 of the Medical Act for 1858.

In 1865 I travelled to Port Natal and the Cape of Good Hope, South Africa, and since my return to England have changed my address three times, but not the locality, during these fourteen years; and from the time of my registration in 1858 till now (twenty-one years on the Register) I have never been applied to by the registrar to ascertain, as the Act enacts, if I had ceased to practise or had changed my residence. In 1878, to my utter astonishment, I was casually informed my name had not appeared on the Register for some time. Having to attend at a County Court in answer to a summons for debt I had issued, I called at the office in Soho-square the next day to inquire, when I was politely informed that the name of J. F. Chittenden had been erased in consequence of death. I felt particularly obliged to them for killing me before my time, and on my informing them I was the individual whose name they had erased, they referred to some papers, and told me that the death of J. F. Chittenden, of Faversham, was in the obituary in THE LANCET, from which they gleaned their knowledge, and mistook it for J. F. Chittenden, M.D., of South Lodge, Lee Park, Lee.

My father's name never appeared on the Register, as he retired from practice prior to the Medical Act of 1858, and I myself had never resided at Faversham since 1843. They immediately there and then gave me a certificate to suit my immediate necessity. Dr. C. Chittenden, I find, has to fill up a form of application and get it signed by a magistrate or clergyman to mark his identity; the name then to be restored or not pending the decision of the Medical Council, as though he had done something criminal. So much for medical registration.

I am, Sir, yours &c.,

South Lodge, Lee Park, Lee, S.E., June, 1879. J. F. CHITTENDEN, M.D.

Several Correspondents.—We do not prescribe, and cannot answer private communications; nor can we recommend practitioners.

Mr. Stanger.—We do not think it expedient to revive the case.

THE USE OF THE FORCEPS.

To the Editor of THE LANCET.

SIR,—In the forceps debate at the Obstetrical Society, the dilatability of the os (or cervix) appears to be the crux in the so-called *high* operation. My small experience points to the conclusion that the insertion of the hand will be found the best gauge of dilatability, as well as the most efficient dilator.

Yours &c.,

Abingdon, July 1st, 1879. GEORGE GOSSET, M.B.

URBAN "ACCOMMODATION."

DR. OSMR DUDFIELD, medical officer of health for Kensington, writes to us to say that he has on many occasions urged the importance of the above subject upon the members of that vestry, and entirely agrees with us that accommodation of this kind for both sexes should be provided forthwith.

Æneas.—1. The relative rank of Lieutenant.—2. Acting surgeon.—3. None required.—4. We are not aware of any having been published.

F. R. F.—Yes.

A Constant Reader.—The certificate has been returned.

Medicus.—There is nothing extraordinary in the course criticised.

PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—The following notes of a rather peculiar case, which has come under my notice while acting as an assistant here, may be interesting to some of your readers.

The patient is a child, three years old, and has always been healthy and robust till a few weeks ago, when it had an attack of measles. It got over this so easily that it was thought unnecessary to call in a medical man, and appeared to be going on favourably till the 13th instant, eight days after the disappearance of the rash. The evening before it scratched its right cheek with its finger-nail, merely taking off a little of the cuticle. This never bled, and was taken no notice of; but the next morning the whole cheek was swollen. When I saw it, the cheek was greatly swollen, the swelling resembling very much in appearance and feeling that found in cancrum oris, the lower eyelid and half the upper lip being implicated. In the centre of the cheek, and over the spot where it had been scratched, was a dark patch, very like an ecchymosis, only with more defined edges, about the size of half-a-crown. On the palm of the right hand was a swelling about the size of a boy's marble, which had also risen during the night, according to the parents nothing been visible the night before. This was filled with a dark-coloured fluid, and on being opened some blood and serum escaped. The child was restless and irritable, with a quick pulse, but no fever. I did not take the temperature; but the skin was always cool, sometimes even cold. On the second day a very slightly raised ridge, of an irregular and broken circular form, reminding me strongly of the mark often seen in ringworm, appeared in the centre of the ecchymosed patch on the cheek. The surface enclosed by this was somewhat depressed below the level of the surrounding skin. The whole swelling was tense and hard. For a few days the patch on the cheek continued to increase till it attained the size of a crown-piece, involving the whole of the lower eyelid, and appearing very slightly on the upper one. Meanwhile the surface inside the ridge looked dry and, if anything, more depressed. About the third or fourth day the middle and ring fingers of the left hand became slightly discoloured; but the colour never became deep, and it shifted about from one place to another. On the fifth day there was slight hæmorrhage from the bowels, which soon stopped. On the sixth or seventh day a small spot, about the size of a split-pea, and resembling a small nævus, appeared inside the right angle of the mouth, and a day or two afterwards another further back, which bled a little. Nearly all the time there has been a copious semi-purulent discharge from the nostrils. I poulticed both cheek and hand, and blood continued to ooze out from the latter for some time, when a small ulcer formed, which is now healing. The depressed portion in the centre of the ecchymosed patch on the cheek sloughed and came away, and is also healing. The ecchymosis has nearly entirely gone.

Although not quite satisfied at first as to the nature of the complaint, I diagnosed it to be a case of purpura hæmorrhagica. The suddenness of the attack, the amount of swelling and size of the patch on the cheek, somewhat puzzled me.

I gave the patient at first a mixture containing oil of turpentine, with tincture of steel and some mucilage and syrup. It is now on the compound syrup of the phosphates of iron and the syrup of the iodide of iron, and, as it has been rather costive, I have tried purging for a day or two. The child, who before was rather dark-skinned, is now very anæmic.

I should be glad to hear of some simple plan to clear out the nostrils. A proper nasal douche is impracticable, and a syringe does not answer well.

Yours truly,

Leyland, May 27th, 1879. ALEX. DUNCANSON.

Mr. Chas. Cairns, (Belfast)—*New York Medical Journal*; *Philadelphia Medical Times*. Trübner and Co., Ludgate-hill, would supply terms of subscription.

A Country Practitioner.—A master is not responsible for medical attendance on his servant, unless under special contract.

Mr. J. Hardie, (Manchester.)—The case is marked for insertion.

THE ARMY MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I notice in your last issue that a correspondent from Afghanistan writes that a painful feeling has been excited among medical officers by the exclusion of the P.M.O. from the ceremony at the reception of the Ameer. Let your correspondent refer to the list of the Provisional Committee of the Army Memorial to the late Prince Imperial, published in *The Times* of July 1st, and cease to wonder.

Yours &c.,

Cromwell-crescent, July 1st, 1879. G. YEATES HUNTER.

CRIMINALS IN LUNATIC ASYLUMS.

A PETITION to the House of Lords is in course of signature by the Chairmen and other Visiting Justices and Superintendents of County and Borough Lunatic Asylums in England, to the following effect :—

That in their opinion the present mode of dealing with criminal lunacy is objectionable, and requires amendment. That county lunatic asylums constructed for the reception of lunatic paupers are intended for their care and treatment, and are not, and cannot be, adapted for criminal lunatics, who should be placed in asylums provided under the Criminal Lunatic Asylums Act, 23 and 24 Vict., c. 75, as that at Broadmoor. That great hardship is unfairly laid on the ordinary pauper lunatics by compelling them to associate with criminals in county asylums, which are not prisons, and the medical superintendents of which are not gaolers. That there are three classes of criminal lunatics—1. Those who have committed crime, and been acquitted on the ground of insanity. 2. Those convicted of crime who become insane while undergoing sentence not yet completed. 3. This class may be subdivided into : (a) Those sentenced to penal servitude, termed convicts ; (b) those imprisoned for small crimes, or failure to find sureties of the peace, &c. Her Majesty's Government have strongly objected to the admixture of criminals with ordinary lunatics, as being very injurious to the latter. The Home Secretary, in reply to Sir J. Bailey, is reported to have said that only one complaint had been received against the practice of sending criminal lunatics to county asylums, and that complaint was made under a misconception of the law and practice with regard to criminal lunatics. There is scarcely a county in England which does not feel the grievance of mixing criminal lunatics with ordinary patients. The existing practice at Broadmoor is to retain in the Government Asylum those lunatics only who, their crime being the consequence of insanity, are the least vicious ; whereas those whose crime, committed while sane, is the natural outcome of depraved habits, are discharged among patients whose insanity is already to them a sufficient misfortune. The allegation that among the asylum inmates are found patients equally depraved is no excuse or justification for adding to the number by introducing criminals. Representations as to these criminal lunatics have repeatedly been made from many counties, among which we may instance fourteen—viz., Middlesex, Surrey, Carmarthen, Monmouth, Brecon, Cumberland, Lancashire, Hampshire, Bedford, Herts, Hunts, Nottingham, Somerset, and Sussex. In 1867 (*vide* Report) the Commissioners in Lunacy reported "that the Act 23 and 24 Vict., c. 75, had for its object to relieve county and borough asylums by removing therefrom offensive and dangerous criminal lunatics, unfit for association with ordinary pauper patients by reason of their conduct and propensities, and requiring special custody and care." The Government (Criminal Lunatic) Asylum at Broadmoor was opened in 1863, and it was expected that the reception of such objectionable patients at Broadmoor would relieve the county asylums. In 1875 a memorial addressed to the Chancellor of the Exchequer (Sir Stafford Northcote) showed that the grievance had not been removed, inasmuch as the conduct and propensities of the criminals transferred from Broadmoor to county asylums remained as bad after as before the expiry of their sentences, and rendered them equally unfit to associate with ordinary patients. The practice now adopted at Broadmoor rather aggravates than alleviates the evil. The lunatics detained there are those who exhibited insanity before committing crime, and these are the least criminal and often the least dangerous. Other criminal lunatics who first committed crime and then became insane are sent to the ordinary county asylums as soon, or even before, their sentence in prison expires. The patients at all county asylums, especially since the assumption of prisons by Government, are liable to this injustice ; but those at metropolitan asylums are much more exposed to it. There is likewise another grievous injustice, which, owing to the locality, to the law, and to the practice of Her Majesty's prison authorities, falls most heavily upon those counties and unions in which Government convict prisons are situated. Criminals of unsound mind are brought by prison authorities, and regardless alike of the place of birth, of settlement, of former residence, of crime, of conviction, of the nature of the offence, or of the character of the criminal, are deposited by the prison warders at the gate of the workhouse of that union in which a Government convict prison chances to be built, to be dealt with by the guardians. Instances of this proceeding have occurred. Until recently some criminals becoming lunatic have occasionally been sent, by order of Secretary of State, to a certain private establishment near Salisbury, sanctioned and adopted by Her Majesty's Government, and called Fisherton House, where in May, 1873, a criminal, who had spent six years as an ordinary pauper patient in the Lunatic Asylum for the County of Bedford (*vide* 28th Report of Commissioners in Lunacy), in a murderous attack, killed Mr. Lutwidge, one of the Commissioners. Your petitioners are not called upon to express an opinion on the propriety of Her Majesty's Government selecting for such a purpose any licensed house, conducted as a lucrative mercantile speculation ; but it is noteworthy that the practice of sending criminal lunatics there should have been discontinued on account of some subordinate and comparatively insignificant question as to the liability of the cost of maintenance. A technical distinction between criminal lunatics undergoing sentences and those whose sentences have expired is insufficient reason to condemn ordinary asylum patients, who have done no wrong, to be associated with lunatics of the worst type, whose criminal and vicious propensities remain as strong, dangerous, and repulsive as ever. Your petitioners submit that a discrimination of a different character should regulate the disposal of criminal lunatics so as not to inflict them on the ordinary insane. Her Majesty's Government have at their disposal public buildings which they might utilise for the reception of the objectionable criminal lunatics "unfit to associate with ordinary inmates of county asylums," and the adjustment of the question of the charge of maintenance can present no valid reason for the perpetuation of a cruel injustice. Your petitioners pray that criminal or ex-criminal lunatics of dangerous or objectionable character be removed from county asylums, and placed in some proper receptacle. Your petitioners humbly pray that your Lordships will take the above into your consideration, and will remedy the grievance complained of, or afford such other and further relief in the premises as to your Lordships may seem meet.

We entirely agree with the prayer of the petition, which aims at the removal of an evil we have repeatedly exposed.—ED. L.

PRECAUTIONS AS TO INFECTION IN RUSSIA.

A MINISTERIAL decision has recently been made public in Russia, by which the importation of old linen, clothing, and rags is interdicted along the whole of the European portion of the Empire. Articles of the kind referred to which happen to be in the Customs' depôts will be subjected to disinfection under the supervision of the police, unless the proprietors elect to remove them to places beyond the frontier. The clothing and linen of travellers, of the troops returning from active service, and belonging to the Red-Cross Society, are exempted from the operation of this decision.

Mr. H. Gibson.—The paragraph has been returned corrected.

"LEGALISED POISONING."

To the Editor of THE LANCET.

SIR,—Under the above heading in your last impression, kindly permit me to endorse your remark that the chemist was not to blame in supplying the laudanum, at the same time remarking that all that the law requires from chemists selling laudanum is that it be labeled "laudanum—poison," with the name and address of the seller. I am now speaking from London experience when I say that I believe I am correct in saying that none of my *confrères* like to supply laudanum at all, and scarcely do so except to persons personally known, and whose requirements are also known to them ; for it is greatly to their own prejudice if any accident arises from such sale. But my chief reason for addressing you is your statement that a medical man should sign the prescription or order for the supply. I wish that it could be enforced. But bear with me a moment whilst I describe my position one Sunday morning. A butler well known to me, and from a family known as residing at an address given, presented a prescription for dispensing, containing amongst such medicaments as potass. bicarb., æther, &c., potass. cyanid. pur., gr. iv. (the "gr. iv." being underscored), with water to make up a six-ounce mixture, of which a tablespoonful was ordered for a dose. The prescription bore evidently the *imprimatur* of a medical man's writing, but had neither the name of the patient, nor yet the signature of the prescriber upon it. I moderately suggested that he obtained for me the name of the medical man that I might confer with him, or that his mistress would get the medical man to sign the prescription. I knew well enough beforehand the effect of such remonstrance, but considered it better to offend and lose my customer than run counter to the law. As I expected, I heard no more of the prescription, and have also lost my customer. I know the extreme delicacy that exists in refusing to dispense a medical man's prescription, and that if I cannot get at the prescriber I am thought either an intruder on his province or an ignoramus. I acted within the law at my own peril of disobliging one or other for my own safety. Ought not such chemicals as pure cyanide of potassium, think you, be signed for even more than laudanum, the dose of which most chemists can judge whether it be a legitimate one or an overdose, and also form an opinion as to the object for which it is obtained ?

I am, Sir, your obedient servant,

J. T. TUPHOLME.

Coleherne-terrace, West Brompton, July, 1879.

West Drayton.—There are no special works on the subject. Consult a practitioner.

Dr. Granville Bantock.—In an early number.

Mr. Henry Carr.—Refer to the Medical Register.

THE M.D. OF BRUSSELS.

To the Editor of THE LANCET.

SIR,—I cannot allow the remarks of "Anglicus" to pass by without a reply. A member of the Masonic fraternity has no better chance than any other man, and I am also in a position to say that the University porter cannot perform any of the operations that are demanded of candidates. The professors are honourable men, and will not countenance any of the practices that "Anglicus" alludes to. I know of one Freemason who went to Brussels two years ago, and was successful ; I know another who was unfortunate, and both these men will say Freemasonry was of no use to them. I have passed the examination of the Edinburgh College of Physicians, and I consider the Brussels test to be much more severe. Is "Anglicus" right when he styles Brussels an impecunious University ? I think not, for the number of Englishmen who go are few The test at Brussels will compare with that given to the ten elderly men who annually repair to St. Andrews, and is far above that given at Giessen and Erlangen. To practise in Belgium, the State examination must be passed, which is similar to that given in Brussels. The examiners are selected from the two other Belgian Universities.

Yours &c.,

March, Cambs, June 24th, 1879. W. EASBY, M.D.

Mr. D. E. Flinn.—The conduct in question as described by our correspondent is most unusual, and would probably justify legal measures if continued after due remonstrance. Of course there is always the chance of misrepresentation by patients or their friends of what was really said.

A Sufferer from Disease of the Brain should consult a medical practitioner. We do not prescribe.

R. F. B.'s suggestions are not explanations.

Dr. Clifford Allbutt.—The paper will be published before the end of the present month.

Mr. Sotlbery Wells' request shall receive attention.

"THE EASILY PRACTICABLE IN LUNACY LAW REFORM."

To the Editor of THE LANCET.

SIR,—It is at present the custom to run down the Commissioners in Lunacy and to extol the Lord Chancellor's Visitors in Lunacy, and I perceive that in your article on the above subject in last week's LANCET you are inclined to follow the prevailing fashion.

It is difficult to account for this bias, except on the theory that the Commissioners during their long career of usefulness must have trodden on the corns of many, and thus raised to themselves a host of enemies; whereas the Chancellor's Visitors, worthy gentlemen, having no power either for good or evil, have escaped this danger.

The immense amelioration in the condition of the insane since 1842 is undoubtedly due, as any unprejudiced person must admit, to the ministering care of the Commissioners in Lunacy, and to their able and philanthropic chairman; but it would be difficult for the Chancellor's Visitors to point out any results in this direction from their efforts; not from any failing on their parts individually, for they are quite the leading men in the specialty, but because they are utterly without any power to enforce their suggestions. This was forcibly brought out in their own evidence before the recent Parliamentary Commission, and was never contradicted. Therefore, before your proposal contained in last week's article be carried out, it will be necessary to alter the present lunacy laws, and invest these gentlemen with some little authority, or I fear the idea would, if acted on, bring forth but little fruit. Indeed, the whole law as regards Chancery lunatics requires careful supervision; and if the Lord Chancellor is really going to introduce a measure of lunacy reform, I venture to suggest that he first sets his own house in order. *There* he will find *real* abuses requiring urgent reform, and, with your permission, I venture to suggest the following as worthy of consideration in the compilation of any new scheme for lunacy reform:—

1. The Lord Chancellor's Visitors should have some little authority vested in them independent of the Masters in Lunacy and the committees of the person. It is simply absurd that two of the most able physicians in the specialty should be retained at high salaries to scour the country, visiting lunatics, and making careful and elaborate reports that apparently no one pays the least attention to, and that the Masters in Lunacy ignore, if we may believe the evidence tendered before the aforesaid Commission appointed by Her Majesty's faithful Commons. It is singular that this abuse, thus so fully brought out before the Commission, should have received so little attention from the public and the press.

2. That all the Visitors be medical men. At present one of them must be a barrister of not less than seven years' standing. It would be treated as the height of absurdity to appoint a doctor to a Recordership or a County Court Judgeship, and yet the absurdity is no greater than making a young briefless barrister visit and report on the condition of lunatics, when he probably never saw a lunatic in his life before his appointment, and to whom hygiene and psychology must be as a sealed book.

3. But it is in the Master's offices that reform is most urgently needed. The delay there and mismanagement are intolerable and cruel to the last degree, and I give the following facts to prove my assertions, one fact being worth a host of assertions:—

A lady, having from £300 to £300 a year, became suddenly insane, and, having no relatives near her at the time, was sent as a temporary protective measure to the nearest county lunatic asylum. This lady, delicately nurtured and well educated, was kept in this pauper asylum, and compelled to herd with pauper lunatics, to wear their clothing, and partake of their diet for fully two years, because it took the Master all this time to hold his Commission and appoint a Committee, and until this Committee was appointed no one had any power to deal with the lunatic or her property. Surely this was a crying shame, and some measure ought to be taken to obviate such injustice, for it is by no means a solitary case. Indeed another exactly similar instance of procrastination in the Master's offices has since come under my notice. Again another wrong:—

A young lady of weak mind has a small income of under £300 a year. She is boarded in the house of a poor and needy professional man, who eke out a limited income by taking care of this young lady. Twelve months ago the Committee died. The Master either cannot or will not appoint another, and until he does so the young lady's money cannot be touched, and the professional man has to maintain her as best he can, by running up bills with his tradesmen and borrowing money from his friends. If he did not do this, there would apparently be no course open but to send her to the nearest county lunatic asylum, as a lunatic not under proper care and control. Any way, unless he is a particularly right-minded person, this poor lunatic lady must in all probability be receiving much less care and attention than she is entitled to.

So much for the boasted care of the Court of Chancery over its wards.

I submit the above facts to would-be lunacy law reformers as well worthy of their attention, whereas the agitation that has been going on lately as to abuses in asylums &c. has been fed by a series of reckless assertions unbacked by facts. Indeed, loud-voiced agitators have so gained the public ear that it is matter of common belief that many sane persons are still sent to asylums, notwithstanding the fact that not a single case of such a nature was substantiated to the satisfaction of the Parliamentary Commission.

Your obedient servant,

June 23rd, 1879. S.

To the Editor of THE LANCET.

SIR,—You do not seem averse to sweeping reforms in the matter of lunacy, and will perhaps give publicity to this letter.

In your various leading articles on the subject of Private Asylums, you do not seem sufficiently to distinguish between those kept by medical and lay proprietors. The latter class, I am distinctly of opinion, should be looked upon at least with suspicion. As to the former class, my own feeling would be, had I a relative insane, to place him in a public hospital for better-class patients; but a very large proportion of the wealthy classes prefer to have their friends in private institutions, where they can have fewer insane people to associate with, and where their friends can have individual tastes gratified. Are that large class of the community to be forced to place their friends in public institutions because of a few cases of the abuse of private asylums? And does it not stand more to reason that we should try to reform the private asylums we have than to aim at sweeping them away altogether? The report of the recent Committee showed as many cases of too prolonged detention in public as in private asylums, and did not find a single case of illegal detention in any private asylum, although it searched diligently for such.

In your leading article this morning you recommend a compromise so as to quiet the unsettled state of opinion, and say that "it would be easy to define the boundary lines of the two authorities, and to prevent their clashing." It appears to me that it would not be easy to do so, and I cannot understand how the "present needs and interests" of the patients can be severed from the "general management and arrangements of asylums," as the former depend almost wholly on the latter, and the latter are only of use as contributing to the former.

I quite agree with you that more personal supervision ought to be had over the private patients, who are not under the guardianship of the Lord Chancellor, but would suggest for your consideration and that of the public generally whether it would not be more expedient rather to labour for the uniting of the offices of Visitor and Commissioner, by which harmonious action would be attained, and the personal interests of all patients attended to.

While writing on the subject, why should not licences be granted by the Visitors and Commissioners in Lunacy—a body by education and training fitted very especially for such a duty—rather than by the justices, who, however well-meaning, have no special training in asylum matters, and are ever changing.

I am, Sir, yours truly,

DAVID BOWER, M.D.,
Physician-Superintendent, Springfield House Asylum,
June 21st, 1879. Bedford.

To the Editor of THE LANCET.

SIR,—Being interested in the subject of lunacy law reform, I availed myself of a recent visit to Paris to inquire at the Service des Aliénés, No. 36, Rue Vaugirard—a branch office of the Préfecture de la Seine—whether any communication, in the way of correspondence or otherwise, existed between the lunacy authorities of France and England, and in particular if there was an exchange of the yearly reports or official statistics; and, to my surprise, the answer in both cases was in the negative. This statement was confirmed by the director of each of the great asylums, Bicêtre and La Salpêtrière; as also subsequently, upon my return to England, at the office of the Commissioners in Lunacy, 19, Whitehall-place, by Mr. Perceval, the secretary. The French asylums are administered under a code of regulations issued by the Minister of the Interior, intituled "Règlement Officiel du Service Intérieur du 20 Mars, 1857," followed by a summary of the French law of 1838 and 1839; a copy of which instrument I produced to Mr. Perceval. Of this document—certainly a not unimportant one, but which it seems was not on the shelves of his office—he took a note, with the professed intention of supplying the omission. It is to be hoped that this may lead to the opening of friendly communications between the authorities of London and Paris, and eventually perhaps with other capitals, which could hardly but be productive of mutual advantage, besides being a feature so germane to the objects for which the Lunacy Commission was constituted, and so general among administrative bodies of a like nature. The actual absence of such communications surely needs only to be brought under observation to be supplied. How easy the interchange between the departments of their respective annual reports. How desirable that our home institutions should profit by the discoveries, the improved systems and organisations, of the successors of Pinel and Esquirol; especially when (deservedly or not) the cry for reform is so rife. In our comparative infancy of mental therapeutics, how valuable the mass of additional statistics and professional observation thus acquired and stored, and of correspondingly enlarged inductions for our alienist experts and rulers. In fine, how very little of trouble or of expense would be needful to introduce a new and excellent principle into our own, and doubtless into our great neighbour's asylum practice.

I am, Sir, your obedient servant,

C. J. CRUTTWELL.

Law Courts Chambers, Chancery-lane, June 21st, 1879.

THE TREATMENT OF SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—The evidence of those who have used nitrite of amyl as an antidote for sea-sickness seems to be very decidedly in its favour, and it would appear that we now have something upon which we can rely in cases of this distressing and sometimes dangerous ailment. Under its use the heart's action becomes quickened, the face flushes, and the head throbs. Exactly the same effects, according to the evidence of Mr. Murrell, are produced by the administration of nitro-glycerine, and for this reason I would suggest a trial of it in cases of sea-sickness, side by side with nitrite of amyl. If analogy goes for anything, it ought to prove equally efficacious. I am, Sir, your obedient servant,

Kingston-on-Thames, June 19th, 1879. F. P. ATKINSON.

To the Editor of THE LANCET.

SIR,—Nitro-glycerine might, from its analogy to nitrite of amyl, prove useful in sea-sickness. Perhaps some of your readers may have an opportunity of giving it a trial. Your obedient servant,

June 22nd, 1879. WILLIAM MURRELL.

THE CASE OF THOMAS MILLERCHIP.

To the Editor of THE LANCET.

SIR,—The undermentioned amounts have been received up to this date. The donors have requested an acknowledgment in the medical journals:—

A Friend	£5	0	0
Mrs. Garrett-Anderson, M.D.	1	1	0
Dr. Grenfell Baker, Birkenhead ..	0	10	6
E. U. T.	1	1	0

Other subscriptions have been promised.

Would you also allow me to state that I have forwarded a first instalment of £30 to the Rev. F. N. Beaumont, Holy Trinity Vicarage, Coventry, who has kindly assented to my request that he should use the same and all subsequent amounts sent by me for Millerchip's benefit.

Yours &c.,

33, Dean-street, Soho, July 2nd, 1879. JOSEPH ROGERS.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Sedgwick, London; Dr. Brown-Séquard, Paris; Mr. Soelberg Wells; Professor Annandale, Edinburgh; Mr. W. Murrell; Mr. Gordon Holmes, London; Mr. T. Fox, London; Mr. Bradley, Manchester; Mr. F. Fane, London; Dr. Crick, Newcastle-on-Tyne; Dr. Harding, Westgate-on-Sea; Messrs. Evans, Lescher and Evans, London; Mr. Southam, Manchester; Mr. Thompson, Southsea; Dr. Armstrong, Newcastle; Dr. Elliott, Hull; Mr. Masterman, Ixworth; Mr. Cairns, Belfast; Dr. Thursfield, Leamington; Mr. Lyon, London; Dr. Goyder, Bradford; Mr. O'Rorke, Ballinasloe; Mr. Tupholme, Brompton; Mr. G. Y. Hunter, London; Mr. Woodward, London; Dr. A. Duncan, Glasgow; Mr. G. Brown, London; Mr. Archer, Colnecot; Mr. Aumonier, London; Dr. Dobson, Windermere; Dr. Allbutt, Leeds; Mr. A. Nixon, London; Dr. C. B. Fox, London; Dr. Macrae, Afghanistan; Dr. Crowthers, Hobart Town; Mr. Vacher, Birkenhead; Mr. Foster, Hitchin; Mr. Gibson, Ongar; Mr. Mercado, Guzerat; Mr. Straton, Salisbury; Mr. Chittenden, Lee; Dr. Hunt, Poona; Dr. Banstead, St. Thomas, West Indies; Mr. Belling, Blackpool; Mr. Jacob, Leeds; Mr. Enfield, London; Mr. Jenkins, London; Dr. J. Caddy, London; Mr. Moore, Petersfield; Dr. Satchell, Groombridge; Mr. Tidswell, Morecambe; Dr. Dudfield, Kensington; Dr. Bantock, London; Mr. Egan, Fulham; Dr. Makuna, London; Mr. Newmarch, London; Dr. Rogers, London; Mr. Gordon, London; Messrs. Faraday and Sons; Dr. Ogilvie, Strone; Dr. Parsons, Portland; Mr. Reade, Manchester; Mr. J. Hardie, Manchester; Dr. Lowe, Lynn; Mr. Treserry, Bristol; Dr. Pickles, Leeds; Dr. Bower, Bedford; Dr. Geddie, Accrington; Mr. Turner; Mr. Scott; Mr. Stilliard; Dr. Burgess, Shetland; Mr. Andrew, Egham; Mr. Carr; Mr. Stride; Mr. Stanger, Nottingham; Mr. Neill; Mr. Henson; Dr. Offenberg, Wickrath; Dr. Anderson, Nottingham; Dr. Bacon, Grimsby; Dr. Gosset, Abingdon; Mr. Rean, Gunnislake; Dr. Sheppard, Ashford; Dr. Park, Bradford; Dr. Foster; Dr. Jenkins, Loughor; Dr. Dow, London; Country Practitioner; Tibia; A. N.; M.B.; Omega; Matron; F. R. F.; Locum Tenens; F. T.; Surgeon; Beauclerk; M.D., Mile-end; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Blood, Dublin; Messrs. Porteous and Co., Glasgow; Mr. Blakeney, Boyle; Mr. Roberts, Coventry; Professor Vazetti, Padua; Mr. Hinder, Peckham; Dr. Proffitt, Burton-on-Trent; Mr. Weaver; Dr. Goodson, Stratford; Mr. Woodman; Mr. Harrison; Mr. Brown; Mr. Kendrick; Dr. Ward, Oxford; Mr. Johnson; Dr. Boileau; Mr. Cole; Dr. Brown, Tredegar; Mr. Gristock; Dr. Tattersall, Liverpool; Mr. Laird; Mr. Wyllie, Scarborough; Dr. White; Mr. Cockin, Hull; R.; Medicus, Clapton; M.D., Hastings; Vindex; Delta; W. W., Burnley; Alpha, West Bromwich; Medicus, Leeds; L.R.C.P.; G. H. F.; Physician; Sigma; G. J., Brixton; T. C., Camberwell; J. B., Homerton; Xema; Deltoid; C. R.; F. G. H.; T. E., Gloucester; Beta, Chesterfield; Alpha.

Animal World, Church of England Temperance Chronicle, Wigan Observer, Shield, Peterborough and Huntingdonshire Standard, Plumber and Sanitary Enquirer, Royal Gazette, Bolton Evening Guardian, Burnley Express, Royal Leamington Chronicle, Woolwich Gazette, Chicago Tribune, Morning Chronicle, Sussex Daily News, Grantham Journal, Bolton Daily Chronicle, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, July 3rd, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radiation in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
June 27	29·88	S.W.	58	62	103	69	52	0·06	Overcast
,, 28	29·81	W.	58	62	103	73	58	..	Raining
,, 29	30·06	W.	57	62	105	78	52	..	Cloudy
,, 30	30·09	S.W.	55	61	107	71	51	..	Cloudy
July 1	29·53	S.W.	56	58	84	84	41	0·10	Raining
,, 2	29·61	N.W.	52	58	104	68	50	0·21	Cloudy
,, 3	29·50	S.W.	53	55	..	59	50	0·38	Raining

Medical Diary for the ensuing Week.

Monday, July 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. — Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—5 P.M. General Monthly Meeting.

Tuesday, July 8.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 9.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. — Operations, 2½ P.M.

Thursday, July 10.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 2 P.M., and on Friday at the same hour.

Friday, July 11.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 12.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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